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EDITORIAL COMMENT

EX-PRESIDENT TAFT ON NURSES' AIDES

One of the means which the Red Cross is using to reach the people in their homes is the establishment of a Red Cross Department in the *Ladies' Home Journal*, with Ex-president William H. Taft as editor. Many of our readers may have seen Mr. Taft's comment on nurses' aides in the September issue of that magazine. For those who have not, we reprint it here, with his permission and that of the publishers.

Nurses who are doing Red Cross teaching in elementary hygiene and home nursing and others who are brought closely in touch with women of the leisure class who are anxious to receive appointments for service abroad, will find themselves many times embarrassed in answering the question why untrained women are not being accepted for the American hospital service as they are for England and other countries involved in the war. They will find here an answer to this question.

A DISTINCT CALL TO WOMEN

Have you felt that you could best answer the war's appeal to you by entering the nursing service? Then this is the day of your opportunity, provided you are in earnest and wish to set your patriotic impulses free in the place where they will do the most good.

That place is in a regular nurses' training school, such as is conducted in nearly every hospital in America. Many women, untrained in nursing, have been disappointed to learn that their services were not wanted on the field of battle, nor even in a base hospital.

It is the professional nurse only who has been called and accepted, and more than a thousand of her are now in active service. More thousands will follow soon. They are the finest of their profession, and they go gladly; but do you realize that each one is leaving behind her important work in civil life, which must now be done by someone else?

There is a limit to the number of our experienced nurses who can be spared for war service, unless there is assurance that for each one who goes at least another woman will step forward to prepare herself to take her place.

We have no right to expect—though we may hope for—a short war. We must put away makeshift methods, and think of a year from now, two years, perhaps even three years. The woman who enters training today is the woman who a little later will be prepared to take the place at home of the nurse who has gone, or even to follow her to the Front.

The Red Cross earnestly hopes that many young women, particularly those with the advantages of a good education, will let their desire to be of service take a most practical form and prepare to enter a profession which has been called upon to do so noble a work.

RED CROSS NURSING SERVICE IN TIME OF WAR

The main purpose of the Red Cross Nursing Service is to supply nurses to the Army and Navy as they may be required in event of war. When a nurse comes into the service one of the regulations is headed *Response to Call*. She is therein instructed "to report at once to her committee should the U. S. become involved in war." She is allowed to indicate her choice as to locality for service: (a) In her own locality, (b) anywhere in the United States; (c) wherever needed. After this she is expected to make tentative arrangements for duty. It does not necessarily follow, however, that she will be used in the locality that she has chosen, as this is not always possible. A Red Cross nurse can, in a measure, be compared to a soldier. As the soldier is expected to go where ordered, without question, it is expected that a nurse will accept service in the same spirit. Much confusion has arisen in the minds of the nurses concerning this service. For although the conditions under which we are engaged have developed the two fields, home and foreign service, it is quite impossible to allow a Red Cross nurse to take a definite stand in favor of either one or the other field, although she might be allowed to indicate her preference.

The Red Cross Nursing Service was asked by the Surgeon General shortly after the declaration of war by this country to provide two hundred nurses each month, in small groups, for our allies in France. It set about this task promptly by asking committees and individuals to organize special detachments. This plan was changed by the Government, and the Red Cross was asked to get the Base Hospitals ready for mobilization. With the exception of 235 nurses furnished to supplement six Base Hospital Units assigned to the British Expeditionary Forces, no detached groups have been sent, and present indications would make it appear that none will be immediately sent. So far, about one-half of the Base Hospitals have been assigned to service (there are 48) and only one hospital unit, of which there are 22.

As the opportunity for foreign service appears to be somewhat restricted, the Red Cross cannot give any special encouragement in this

direction. The cantonments, 32 in number, are requiring large numbers of nurses. Thousands of young men are being mobilized at these points, unquestionably much illness will occur, and hundreds of nurses will be required. So far the Red Cross has met the demands, but there is a very evident tendency to refuse this service. Nurses should remember that patriotic service is not confined to France or to the Army. It is fully as much our duty to care for our soldiers in mobilization camps and for our sailors in naval hospitals as for our sick and wounded men abroad. We are at war; orders and regulations are subject to rapid change. The ill fated hour "has struck" and our Red Cross Nursing Service is "put to the test," so the enrolled Red Cross nurse, who is the important unit in the organization, must never let it be said of her that it was found wanting at the critical moment because she hung back.

Many nurses write to the Red Cross stating they have been "ready, with trunk packed, for months." Nurses are urged not to resign positions until orders are issued. We can only emphasize the need for patience under what may appear to the individual as unnecessary delay. Nurses should face the situation (they are doing it) philosophically and seriously. The mobilization and sailing of a unit is a serious and hazardous matter. It is not a "trip abroad for sightseeing" or an adventure filled with delicious thrills. It may be all of both, but it is first and foremost a nursing mission calling for dignity, courage, endurance and a well-poised mind and body. The nurse, wherever she may be sent, should carry with her the spirit of the Great Master who "pleased not himself" but served humanity.

CRITICISM OF NURSING SCHOOLS

In spite of the hardships of a nurse's training,—rigid discipline, hard work, long hours, etc., the fact remains that there have been graduated from our schools, good and bad, large and small, a great body of women possessing in exceptional degree, executive ability, moral stamina, skill and versatility in practical work, who are carrying the largest share of the burden of the administration of the hospitals of the country and of the training of nurses to care for the sick in their homes, both in private duty and in the varying departments of public health. They are today conducting one of the most responsible departments of the Red Cross which is providing nursing service for the armies in France as well as for the great mobilization camps in this country, for the present war.

While we deplore the long hours, the hard work, the severe discipline and all the rest of the hardships often mentioned, as being to

some degree unnecessary, and while we look forward to a time when the present efforts of the profession shall have alleviated them, we believe that these hardships have not prevented and should not prevent women of character from entering the profession of nursing. Ours is not a profession for women who are looking for soft places in life and this is not a time when pampered girls are wanted in nursing. It is a field for a woman looking for an opportunity to give service and calls for self-denying character and strength.

RANK FOR ARMY NURSES

We have recently mentioned the effort that is being made to secure rank for army nurses. We have seen many arguments for it, but none that sums up the situation better than does a letter written by Helena McMillan, superintendent of the school of nurses of the Presbyterian Hospital, Chicago, addressed to Mr. A. M. Day, president of her hospital board. We quote the text from the monthly report of the alumnae association of the Illinois Training School.

The question of Congress granting a commission to the graduate nurse while on government duty has, as you know, been under discussion, but does not seem to be entirely understood, and for that reason I would like to present a few of the facts to you and ask your assistance in securing proper consideration of the matter.

The graduate nurse has learned by experience that military ranking is necessary to secure recognition, and therefore to obtain results, in the military world. Without a defined place, she is dependent on the judgment and good-will of heavily burdened officers, each commander deciding as to the opportunity given individual groups of nurses to put their professional knowledge into use, as to conditions allotted them in traveling and in camp, as to courtesies of treatment, and in fact every detail that makes up daily life in a military hospital.

It was this same lack of official status that hampered Florence Nightingale's work in the Crimean War, and which took all her indomitable courage and strong personality to contend against.

The British graduate nurses, in this present war, while continuing to nurse in the hospitals of France and England, openly resent the undignified and unfair position in which the government has placed them, the lack of appreciation of their services, of consideration for their welfare, and most of all, the lost opportunity of skilled nursing for the British soldiers. Instances are numerous in which untrained and unskilled but titled or influential women are placed in charge of the seriously wounded, while the graduate nurse, who is competent, but uninfluential and unprotected by military status, is delegated to duties which might be performed by any strong person. British nursing journals state that young women of a few months' training are sent to France and given higher authority than the graduate nurse without family or political backing. The unfortunate part of this is, of course, the confusion and lack of professional management, for which the sick soldier has to suffer.

It is to save the American troops from the same lack of expert nursing that a commission is asked for the American graduate nurse while on government duty, with the belief that her position being thus strengthened, she will be more able to maintain her authority against well-meaning but harmful amateurs. A commission would also obtain for the nurse a little more comfort in travel and camp life; it would secure some consideration if taken as a prisoner; it might prevent some of the petty humiliations the British nurses are putting up with. In the practical working of a military hospital there will be many helpers, orderlies, maids, and assistant women—not nurses. It is vital to the proper administration of the hospital that the nurses who are responsible for the care of the patients and their welfare shall have such authority as will compel respect and obedience from these necessary helpers. Many of them will be enlisted men and will not be apt to recognize authority unless it is fortified with a title. To get efficiency and the best results in such hospitals, nurses should have authority second only to the medical and surgical men, and such title as will make this authority evident.

As the nurse at best will experience many discomforts, and some hardships; as she will have periods of long and strenuous hours of work; as there is the possibility of loss of health and even life, and as her services in caring for the sick both at home and abroad are much needed, it does not seem unreasonable to ask a consideration which would help conserve health and strength. Medical and nursing authorities of the world recognize the high standing of the American nurse's schools and consequently of the American graduate nurse. Nurses selected by the Red Cross to serve the Government represent the very best of the American graduates. The government does not have to spend time or money training them; they are experts, ready for executive or bed-side duties; they are disciplined, professional women. Many of them have given up good positions; others have left remunerative private practice. The salary paid to the nurse by the government is a very moderate one; she is not granted a pension or an insurance, and in case of becoming incapacitated for work, has no assurance of permanent care.¹

Granting rank of Second Lieutenant to the nurse will not interfere with the authority of the medical profession, as the lowest ranking given to a medical army man is that of First Lieutenant. It has been sanctioned by a number of the leading medical men of the country.

To quiet the nurse and to please her, it has been suggested that a "Civil Title" be given. This would not satisfy her, as she is not craving title, but the results which military, not civil status, will bring—the possibility for effective work and position which she may hold without loss of self-respect.

The nurses going to the front are too absorbed with work to take any action in this matter, and it is being presented by those who stay at home and will not profit by commissions. It is felt that they will have the support of the public who understand graduate nurses, and of those who are interested in securing their services for the troops.

¹ Since the writing of this paper by Miss McMillan, we have seen that nurses are included in the provisions made in the Soldiers' and Sailors' Insurance Law.

PROGRESS OF STATE REGISTRATION

The Philippine Bill, an extract from which is given under Nursing News and Announcements, we understand became a law in 1915, but a copy of it has only recently come into our hands. This bill shows that the registration of nurses is made part of the medical registration and that there is no nurse representative on the board of examination and control. It has, however, several features in advance of anything that has been obtained so far in the States.

Under Section 7, it will be seen that a nurse to be eligible for registration must have graduated from a school giving a two and a half years' course, one of the prescribed subjects being housekeeping. Even untrained nurses cannot practice in the Islands without a license, and only regularly registered nurses of the first class may wear the nurses' uniform.

A SUGGESTION TO STATE COMMITTEES

Each state has been asked to appoint a Committee on Nursing to cooperate with the State Council of National Defense. It has been suggested that one important piece of work to be performed by these committees is that of acting as a clearing house for candidates to nurse schools. The larger and better known schools are, because of recent publicity, overwhelmed with applicants, more than can possibly be accepted, even with increased facilities. Other schools have not applicants enough. If these committees would ask to have the surplus candidates turned over to them, prospective students might be guided to the schools that need them, provided such schools offer the facilities for a thorough training.

WAR-RISK INSURANCE

As we close our pages, word has been received from Miss Thompson of the Army Nurse Corps of the recent act of Congress establishing a bureau in the Treasury Department which provides war-risk insurance for officers, nurses and enlisted men. Portions of this measure will be published in the next issue of the JOURNAL, but those wishing to know about it immediately, should write to the Bureau of War Risk Insurance, Treasury Department, Washington, D. C., for a copy of the bill or for instructions. Miss Thompson states that this is the first time members of the Army Nurse Corps have been included in any act of general legislation pertaining to the Army as a whole.

RÖNTGENOTHERAPY AND THE NURSE

By LOUISE D'ARBY, R.N.

New York, N. Y.

Since the discovery, twenty-two years ago, of the Röntgen ray, commonly called "X" because of its invisibility, it has been demonstrated and proven by observation and many tests, that x-rays have a curative influence in disease by inhibition of diseased cells and consequent destruction, absorption and elimination. Sufficient time has not elapsed to prove a positive cure in cases of malignancy, but we do know that the percentage of recurrences is definitely decreased in cases of post-operative röntgenotherapy.

The röntgenologist should always be the person to prescribe the dose of x-rays, in the same manner that the internist prescribes a course of medicine for his patient and, although the nurse or the technician may be able to carry out his orders to perfection, no one but a "degree-d" röntgenologist should attempt to prescribe for a patient or to make a diagnosis, as far as the x-ray is concerned.

The x-ray tube gives off hard and soft rays which are "X" and secondary in character. Sometimes the rays are designated as "deep" and "superficial" instead of "hard" and "soft." It is the deep, penetrating "X" ray which is the curative element in deep-seated disease, as of the internal organs in cases of carcinoma, etc., while it is the softer rays which are used for epithelioma and skin diseases. The secondary rays are always given off whenever a tube is in action.

In deep therapy there is sufficient current sent into the tube to reach the deepest diseased cells, according to the dose and, consequently, there are many soft rays emitted at the same time which would be sufficient to cause severe burning of the skin and sometimes destruction of the underlying tissues. To avoid this, filters of aluminum and sole leather, varying in thickness from 1 mm. to 4 mm. each, are used. These filters, or screens, will arrest the soft or superficial rays, which would otherwise strike the patient, and only the deep, penetrating rays are allowed to strike the point exposed. This is a very important part of the prescription and it should never be omitted. Röntgenologists have preferences for machines, tubes, dosages, etc.; no attempt will be made to describe any of them, except to mention one or two of the more common tests for measuring x-ray, when given in therapeutic doses, with which the nurse is usually familiar:

Keinboch's method, taken from Tousey: The apparatus used employs little slips of not very sensitive bromid paper of a standard make. One of these is wrapped in black paper and exposed at the same time and distance as the patient; then placed in a developing solution of standard strength for a standard time (one minute) inside a little portable dark room. The developed paper is at once compared with the scale of different shades of paper. The number marked on the shade which the test paper matches indicates the number of Keinboch units applied. Each unit is called "X."

The Sabouraud and Noire radiometer: This is a little tablet or pastille covered with barium platino-cyanid; it is exposed at half the distance from the anticathode to the surface to be treated during the x-ray application. Different shades of the pastille correspond to different doses.

Treatment of diseased tissue by means of x-rays is now being used not only in cases where operation is impossible, but is employed in a large number of post-operative cases of malignant as well as benign growths. It is impossible for the surgeon to resect all diseased tissue, that is to get every cell, and therein lies the danger of recurrency; in reasonably sure cases it is used as a prophylactic measure. If there is a diseased cell, the x-ray will attack it and destroy it and it is finally absorbed and carried away.

Experiments show that while the x-ray has no effect upon tubercle bacilli when cultured, it has been reported successful as a cure for tubercular ulcers on the surface of the body. Also, in cases of tubercular glands, it has been known to cause the disappearance entirely of the swelling, which is to be preferred to surgical measures. Tuberculous areas of the peritoneum and of the kidney as well as pulmonary tuberculosis and infections of the joints and bones, have all shown marked improvement from x-ray treatment. It has also been used with equal success in cases of trachoma, locomotor ataxia, dysmenorrhea and neuralgia.

Röntgenotherapy, by producing an atrophy of the more highly specialized elements of the skin, has done much toward improving and curing diseases of the skin, such as acne, favus, sycosis, psoriasis, etc. In the treatment of lipoma and keloid many successful cases have been reported. Some cases of syphilitic gumma and leprosy have shown remarkable changes under the x-ray.

In treating a case, no matter what it is, there are certain technical points for the nurse, technician or attendant to remember:

First, Preparation and protection of the patient. It is always well to have the area to be treated exposed; this is not necessary and in

some cases, such as broken down carcinoma, etc., it is better to leave the bandages or dressings on; but these directions are based on the supposition that the skin is still intact. Place the patient on the table or in the chair, wherever he is to be treated. Let the patient adjust himself as comfortably as possible; the tendency to want to move is thus lessened. This position, of course, should be adjusted so that the area can be reached by the rays emitted from the tube. Most doctors mark off the areas to be treated, while others gauge by the circle of light from the illumined tube and gently tap the skin here and there to show the areas. This is usually done with an indelible pencil dipped in water. Never overlap an area; it is perfectly proper and always right for a nurse to call the attention of the operator if there is the least suggestion of an overlapping. The anodal-skin distance should always be measured vertically from the highest point of skin in the area to the center of the tube. Protection of all other areas of the body from the secondary rays which are emitted in all directions from the tube is a great prophylactic measure. This protection is provided by means of lead-rubber sheets, large enough to cover up the rest of the body. In addition to this, directly over the area should be put the prescribed amount of sole leather and in the slot in the tube-stand the prescribed amount of aluminum. Thereby the patient is protected from secondary rays and from extra soft rays which are not needed and measured by the required depth of the treatment. Arms, legs, etc., should be fixed with sandbags, if there is any danger of the patient moving the area under the tube, thereby causing an overlapping and maybe a burn as the result. As a matter of extra precaution, it is well to cover the patient's head with lead-rubber, for it is the tendency of the secondary rays to strike the hair and cause that feeling known as "rising." This often alarms the patient, but the lead-rubber protection overcomes this. Some people are more susceptible to static currents than others and to avoid the "shock" it is a good plan to have the patient hold an electrode in one hand. This can be easily led over to the radiator or some pipe. An electric push button in the other hand is a valuable asset as it is sometimes evident that the patient does feel something out of the ordinary and, being afraid to move, finds it hard to be heard above the whirr of the machine. The attention of the operator is called immediately by the push button the machine stopped and the trouble located.

Second, Protection of the nurse and the operator. No one has a right to stand within a distance of at least 10 feet from the tube and even then one should be behind lead screens, for the secondary rays fitting across the room and rebounding are bound to strike the unpro-

tected in their way. The rays received today and tomorrow may do no noticeable harm, but the rays of a series of today's and tomorrow's may prove to be disastrous in the end. The new laboratories are nearly all equipped with separate operating booths, which are lead lined; here there is almost no danger from the tube.

Reassurance of a patient is a great feature in this work, for patients by the time they reach the x-ray stage, have probably tried everything else and have come to the röntgenologist with anything but an optimistic spirit. They are usually a little skeptical and a little more afraid and this is a place where mind over matter is almost an essential. The patient must expect a little nausea, a little "feeling," a question always asked by a new patient. He must be taught to fear neither noise of the machine nor the bright light. X-ray must mean nothing to the patient but improvement. Never tell a patient he will be cured; he may not be. Many times a patient will want the nurse to stay in the room while the treatment is going on. This is forbidden of course, but it will take a lot of explanation to make the patient believe it, and here is where a nurse must bend from her regular routine and tell the whys and wherefores. Reassurance is the main thing, and a mightily good thing for the progress of the treatment.

Another feature of a well-run laboratory is to have all machines in first class condition as to cleanliness and oil, so that there can be no possible chance for a "hitch" in a treatment. Flexibility of tube-stand, shift positions well oiled, good locking devices and focusing ability are all valuable points to remember.

Many nurses are groping about, wildly seeking the thing they want to do but knowing it not, and in the meantime doing private work or institutional work until "something turns up." There are a great many fitted for just this sort of work and are making good at it. To them all respect, but our reference is to those nurses who want to do something else but can't decide just what they want to do and so are "waiting." How many nurses are specializing in a particular branch? More doctors each year are giving up general practice and entering upon some specialty, and how much more efficient they become! Why not so with the nurse? If a nurse wishes to do private duty nursing, why not specialize in one branch, such as medicine, surgery, obstetrics, thereby making herself so efficient that people will not want anyone else but her, because she has had special training along that line. No person can do all things well. The motto should be, "All things in moderation and one thing in perfection." Some might say nursing is one thing, so is the medical profession; if a doctor finds it necessary to specialize, why is it not necessary for his assistant to do the same

thing? Some nurses lean toward pathology, why not take a pathological course and enter upon it as a specialty? Do the thing you like to do and do it well. Don't waste your time doing a lot of things you are not interested in, because you are waiting for something to turn up.

As to the x-ray, I would urge more nurses to take up this special line. A great many women are in x-ray laboratories throughout the country and very efficient they are, too. Many become expert technicians, having served their day as office girls or stenographers. To them is due all credit; but how much more valuable would be a trained assistant, one who has had lectures in anatomy and physiology, osteology, medicine, etc. Patients need nurses, doctors need assistants in röntgenological laboratories as well as they do in hospitals. There is a vast field of opportunity for the nurse who specializes in x-ray work.

Röntgenology is comparatively new, it is interesting, it is already indispensable in the medical and surgical world. Its possibilities and a nurse's acquirements are still at "X."

THE INTERSTATE SECRETARY

Adda Eldredge, who has recently been appointed interstate secretary, is well known to the members of the American Nurses' Association as she is serving now, for the fifth time, as first vice president. Miss Eldredge is a western woman, a graduate of St. Luke's, Chicago, where she was instructor of nurses for six or seven years. She was active in the first efforts made by the nurses of Illinois for securing registration. She is familiar with the work of the League, she has always been actively interested in the JOURNAL, and is familiar with the details of the plan for reorganization of our associations. Miss Eldredge's headquarters are to be in the editorial office of the JOURNAL in Rochester, where all correspondence concerning her trips can be conducted by her, or for her, in her absence.

While it is desirable that Miss Eldredge should be present, when possible, at state meetings, perhaps her most effective work will be in meeting with nurses in smaller groups, local League meetings, alumnae and city associations, and most important of all, groups of pupil nurses, especially seniors.

WHAT STATE REGISTRATION MEANT TO ME

By SUE C. WHEELER

Leesburg, Virginia

A long time ago, even before I entered public school, I heard my father say, "That man can have all my work for he is full-fledged; he knows his business." I made up my mind that some day I, too, would be a full-fledged something, I did not care what, although I think I was a little partial to gypsy fortune-telling.

I never forgot that ambition and, from my first day at school, I knew that I was preparing to be, at least, a full-fledged high-school graduate. But I found that being a high-school graduate is only the beginning of things and I wanted to be full-fledged at something useful. Therefore, as soon as my years would permit, I entered training. During my probation period I learned that to be a full-fledged nurse one must not only pass the requirements of her own training school, but that both the nurse and the school must come up to certain standards prescribed by the state and by the nursing profession. From those early days I hoped not only successfully to end my probation, not only to work for my promotion from class to class, not only to pass my final examinations and receive my diploma, but to prepare to go to the state capital where I would be examined to prove I was a full-fledged graduate nurse.

Three years was a long time. Many things changed in my life. I had learned to think as a woman thinks; I had learned much about people; I had learned that life has many sides. In those three years all my childhood's dreams, hopes, ideals were rudely shaken. In those three years peace conferences had been changed to war councils, but my goal, state registration, had not been changed. Fortunately, I was able to take the examination two weeks after I graduated, and it is what that examination meant to me that I started out to tell.

We all know that unity in any profession means strength; means protection to the profession and to the individual. In our profession, it means an elevation of the training school and a higher standard for those who enter. I suppose every good nurse knows this side of registration; even pupil nurses realize this meaning. But I never felt so intensely the fellowship and coöperation of this body of women until I entered the registration hall. I was the only applicant from my school. I knew no one in the hall or in the city, but I felt a

great companionship. The examiners were strangers and yet I felt confidence where I had expected to feel awe. The president of the board gave a delightful and instructive talk concerning the American Nurses' Association, the state association and the value of having a school alumnae association. We were given valuable information concerning the nurses' life insurance plan and the state fund for tubercular nurses. Not only did I realize the advantage of these things to the individual nurse, but I also realized the great efficiency of the organization to which I had the privilege of belonging.

The questions of the various examinations were much more interesting than I had supposed. They made one alive to one's responsibility. The subject which to me proved most helpful was Nursing Ethics and History. I had rather dreaded this, but was delightfully surprised when the examiner told us that this subject was to be a bonus, was to help bring up our average if it was good, but would not affect it if it was the reverse. I do not know whether my answers helped or hindered my average, but I felt a great wave of satisfaction in knowing that I might answer these questions according to my own understanding. They were wonderful questions and inspired a great new love for my work as well as revived all the old spirit of nursing. The hopes, dreams and ideals of my probation all came flooding back, never to be shaken again.

I had known always with whom a nurse should discuss the condition of her patient, but that question helped to impress this knowledge more firmly, and it has often helped in my daily work. It was the last question of the whole examination, "Outline what you consider the right mental attitude of a nurse at graduation toward the world and the problems that confront her," which served as a keynote for many happy days since,—certainly happy to me and I hope to my patients. This question recalled not only my entrance into the training school, but all the days before when I had longed to be of some service to mankind. It made me realize that all the steps which had seemed so tedious, so long, had been worth while, for if I passed that examination I would be a full-fledged trained nurse, as proud of my "R.N." as of the highest college degree. Do not misunderstand, I was not so conceited as this may sound, for I realized that I was ready only to begin. But I am sure my life will be bigger, fuller, better, because I have learned to do things with regard to standards and have come to know that true service is freedom.

THE TREATMENT OF THE ACUTE STAGE OF POLIO-MYELITIS FROM THE NURSES' STANDPOINT

By JOSEPH C. REGAN, M.D., AND DELLA M. DeGRAW, R.N.

Kingston Avenue Hospital, Brooklyn, New York

(Continued from page 11)

Diet. Most of our patients required more than the normal amount of food and were very insistent in their demands that they should have it. It may be said truly that they were really hungry, for they would eat anything we gave in the line of food and were always ready for more. They never asked for anything special nor did they refuse anything offered them. Thus they would eat cereal without sugar, eggs without salt, bread without butter, etc. So different was the appetite of these children from the fastidious appetites of the convalescents of other acute contagious diseases, that we could not help being impressed by it. We considered it as probably due to nature's effort to obtain an equilibrium between tissue construction and tissue destruction, for wasting is very early, rapid, and progressive, in the paralyzed parts in poliomyelitis. The routine diet for the febrile stage consisted of milk for the first three or four days, then bread and cereal were added, and after the seventh day the child was given a full diet consisting of everything but meat. The soup used was made with less meat and more vegetable juice than is usual, and once a day the children were given apple sauce or prunes. There is practically no danger in giving a full diet early in the disease, as nephritis is an almost unknown complication.

3. Symptomatic treatment. Constipation was often an exceedingly difficult problem to handle, especially in the older patients. A mild laxative was usually effective in the case of the children, and for this purpose milk of magnesia was employed with satisfactory results. In the adults and also in the older children, more drastic measures were required and here calomel followed by magnesium sulphate was employed, but even this treatment proved to be ineffective in some of the more severe cases and high saline enemata at frequent intervals were necessary to prevent fecal impaction in the lower bowel. In fact, colonic irrigations may be used with advantage during the first week of the disease and should be repeated thereafter as needed. A mixed diet, containing plenty of vegetables and fruit juice, should be resorted to, in addition to other treatment. The prominence of con-

stipation in the symptomatology of poliomyelitis is due to the frequency of paralytic involvement of the abdominal muscles and occasionally to a paresis of the nerves supplying the muscular layers of the intestinal wall.

In the treatment of the patient during the first few days of the disease, it is important to remember that the first therapeutic measure employed by the nurse should be the administration of a good full dose of an active cathartic, such as magnesium sulphate, calomel, or castor oil. This should be given in order to prevent the possible absorption of the causative agent of the disease or its toxin from the intestinal tract.

Intercostal and diaphragmatic paralysis. Paralysis of the intercostal muscles and of the diaphragm are extremely frequent and give rise to symptoms of much gravity. In no other disease of childhood should the nurse watch the respiratory excursion so carefully as in poliomyelitis, and any change in the type of breathing, either in that it becomes more rapid, more shallow, or more labored, should always be considered a danger signal. The temperature may be slightly or not at all elevated, the pulse rate only a little increased and yet the patient may be at death's door, suffering from a respiratory paralysis. Paralysis of both of these muscles results almost invariably in a fatal termination, as the patient's respirations then practically cease and the vital functions of life cannot be carried on. Such a paralytic involvement occurs in the bulbar types of the disease, and with few exceptions death occurs in the first, or early part of the second, week. Recovery may ensue however in cases where the intercostals are completely paralyzed, but the diaphragm is only slightly affected, as respiration may then be carried on to a sufficient extent to maintain life, until the paralysis improves. If the intercostal muscles are paralyzed, but the diaphragm is normal, the breathing will be entirely abdominal or diaphragmatic. Respiratory cases are all characterized by cyanosis of some degree, which shows itself in the skin and the mucous membranes. In treating these cases, we found that oxygen gas was of considerable value. It was given best by means of Dr. Meltzer's apparatus for giving oxygen under pressure. This apparatus differs somewhat from the funnel method of administration of oxygen, in that it is provided with a rubber bag reservoir for the oxygen, connected with the tank of gas by rubber tubing and by means of another tube with a stop-cock regulating a valve which can be opened and closed at a definite rate per minute, so as to coincide with inspiration and expiration; the arrangement being such that the valve is opened and oxygen is allowed to flow past it during inspiration, while the valve is

closed and oxygen is shut off during expiration. This stop-cock is connected by a rubber tube with a flat hollow piece of metal which fits into the mouth between the teeth, lying upon the surface of the tongue and affording entrance for the oxygen into the body. The oxygen was given every two or three hours for twenty minutes at a time. Even in the worst cases temporary improvement would almost invariably follow its use, although we cannot claim that any lives were directly saved by its administration alone. Children with respiratory difficulty which does not prove immediately fatal, are extremely irritable and what they most desire is that they be left entirely alone. The nurse will find it a very hard task, indeed an almost impossible one, to make them comfortable, for no matter in what position they are placed, their respiration remains just as labored. Certain positions, however, are distinctly contra-indicated and the one which is most harmful is that of laying the child with face bent downward, on the abdomen and chest, for its mouth and nose are then buried in the pillow, the slight movements of the chest and abdomen are greatly hindered, and if paralysis is so extreme that the child cannot of himself turn on his side nor move his head to the edge of the pillow, he may almost suffocate despite the fact that the nurse is only a short distance away. Most of these children have a low, indistinct voice which is audible only when one stands close to them, and indeed they speak very little, as they seem instinctively to realize that all their energy must be conserved for breathing purposes. For a similar reason, feeding them is much more difficult than in the ordinary case, and wasting of the paralyzed parts appears especially early. Bronchopneumonia is most apt to develop in the respiratory cases and no more serious complication could occur, for the already embarrassed respiration becomes still more labored, the child finds expectoration difficult or impossible, and a fatal outcome is to be expected. Therefore all possible efforts should be used to avoid this complication by keeping the patient out of drafts, keeping him comfortably clothed, and isolating pneumonia cases as soon as they appear in the ward. Should symptoms of pneumonia appear, however, the treatment is that usually employed for this condition in other diseases, but it should be said that fresh air treatment must be employed very cautiously at times when a strong wind is blowing. If treated outdoors the children should be placed in a sheltered position, and the treatment is best carried out in mild, calm weather. The effect of the wind may be somewhat neutralized by a sheet pinned along either side of the crib to a sufficient height. The development of bronchitis is a serious thing in such cases and bronchopneumonia is very apt to follow. We

have found the use of sinapisms of mustard to the anterior and posterior chest, the most effective measure for this latter complication.

Paralysis of deglutition. In bulbar cases, the muscles of the pharynx and sometimes of the esophagus, are rather frequently involved. Most of these patients die, but if death does not occur by the end of the second week of the disease, recovery usually ensues, therefore the maintenance of the processes of resistance by the artificial introduction of food is of great importance. Where, in addition to the involvement of the muscles of swallowing, there was marked respiratory difficulty, we have found feeding by nutrient rectal enemata superior to the use of a stomach tube, especially if struggling occurs with the introduction of the tube. The nutrient enemata are given at six-hour intervals and should contain about eight ounces for a feeding. If the dysphagia persists for more than 5 or 6 days, it is perhaps best to alternate every other day rectal alimentation and gastric gavage. Should the rectum become irritated and expel the enema, gavage will then have to be employed exclusively.

Retention of urine. This was rather unusual in younger children but was met with not infrequently in those between the ages of seven and fourteen years and in the adult patients. In children, retention usually yielded to palliative measures, such as fomentations over the abdomen and vulva, a warm drink, a warm tub bath and suggestion. If these measures proved unsuccessful, and catheterization were required, this was performed by the doctor in charge of the service and not by the nurse. It was only in a few instances found necessary to employ the catheter more than two or three times. In adults, palliative treatment was much less effective and in a few instances catheterization, at intervals of eight hours, had to be repeated for a period of a week or more. Under such circumstances cystitis commonly developed and it was found advisable always to employ urotropin as a preventive.

Incontinence of urine. This was much more frequent than retention. It was, of course, impossible to determine in babies and younger children, but in those past the age of five years, and in the adolescent and adult patients, it was fairly common during the first few weeks of the disease. It was probably due to a temporary paralysis of the nerves supplying the sphincter muscles situated around the neck of the bladder.

Circulatory system. In bulbar cases the peripheral circulation is, as a rule, extremely poor and the extremities are cold and cyanotic. External heat and the use of warm blankets are indicated in such cases though the outlook is usually well near hopeless. Irregularities of the pulse are rather frequent as the temperature subsides, and for several days thereafter, but they have never proved of serious import.

A very slow pulse may also occur at about the same period of the disease. The pulse volume not infrequently is poor, mostly in the more desperately ill children, and we have employed the tincture of strophanthus in most of these cases with satisfactory results. The pulse is an incomparably poorer guide to the child's condition than the respiration and should never be relied on by the nurse in preference to the latter, in judging the child's improvement.

Deformities. Only a few deformities developed during the period the cases were under our observation, for which treatment was required. They were mostly remedied by the application of plaster of Paris casts, with the deformed part in a corrected position.

Delirium. Delirium of any type is relatively rare in poliomyelitis, even when the meningeal symptoms are pronounced, and if it occurs it is almost never of a maniacal character. For this reason there is no need of fearing that the patient will try to get out of bed or do injury to himself or others while in such a condition, but the children may hurt themselves unconsciously by falling out of bed, owing to their helpless, paralytic condition and to prevent this, a board was placed along the entire length of either side of the bed, being secured at the top and bottom.

Gastro-intestinal complication. The most common complications of this type were gastro-enteritis and enterocolitis, the former occurring in very young infants and the latter in bottle-fed babies and younger children. The gastro-enteritis occurring during poliomyelitis is characterized by being extremely rapid in its course and fatal in its outcome, and this despite energetic treatment. The treatment was that usually employed for such a condition, suitable measures being adopted to administer alkaline medication, as an acidosis was not infrequent. One of the most grave danger lies in the fact that the child's body was being depleted of water and not so much in the loss of food. Hence saline solution (isotonic) was given by hypodermoclysis or else by the "mouth drip," recently recommended by Dr. Hess of New York, and this latter method proved serviceable if well taken by the child, which unfortunately was not always the case. The apparatus employed, in thus administering saline by mouth, was exactly similar to that used in giving the Murphy Drip by rectum, except that the mouth piece consisted of a rubber nipple that the baby could suck, and that the fluid used was a slightly sweetened hypotonic saline solution, and was given at the rate of about 30 to 60 drops a minute. Stimulation and external heat were urgently required for these cases as well as the other treatment. Enteritis and enterocolitis were more frequently encountered than gastro-enteritis but luckily proved of not nearly so serious a nature. At the

first appearance of green stools, the child was isolated in a ward especially for these cases. A dose of castor oil was immediately given and all diet was discontinued for from 8 to 12 hours, except some slightly sweetened sterile water. Then the child was placed upon boiled milk or a boiled milk formula and, if over a year in age upon a diet of well-cooked cereal containing a little butter. The cups, dishes, bottles and nipples of these cases were kept strictly for them and were not used for any other children. The nurses exercised great care in washing their hands, especially after changing the diapers, in order to prevent further dissemination of the complication. In a great many cases the stools were so extremely acid that three or four movements would excoriate the buttocks. This was easily remedied, however, by the use of sodium bicarbonate internally, in small doses, and by the application of a solution of the same to the inflamed parts, after which a boric acid or zinc oxide ointment was used. As soon as we noticed this tendency toward inflammation of the skin, the ointments were used at the first appearance of a change in the character of the stool. It was found helpful, also, to pin the diaper loosely so that there was no friction upon the skin surfaces.

Congestion of the bases of the lungs is very apt to occur in cases where the paralysis of the limbs and the trunk is so complete that the child cannot turn on its side. In such cases we found it advisable to turn the child over on the side at frequent intervals, propping the back with pillows so as to maintain this position.

4. *Special and specific treatment.* Various methods of treatment have been used during the present epidemic in an attempt to prevent paralysis supervening or to bring about its cure if it has already developed. All these methods have for their basis a lumbar puncture, followed by the injection of various agents into the spinal canal. Of these latter, normal human serum, convalescent human serum, and normal horse serum are the most important. Normal human serum is obtained from perfectly healthy individuals by withdrawing blood from a vein in the forearm, allowing it to clot, separating the serum, and adding a definite quantity of tricresol as a preservative. Convalescent serum is obtained in a similar way from patients who have had poliomyelitis some months or years previously. Normal horse serum is obtained from strong, healthy horses in the same way as human serum. These serums, whether human or horse, normal or immune, act in a somewhat similar way, that is, by a slight irritant action upon the meninges of the brain and cord, they produce an increase in the polymorphonuclear cells in the cerebrospinal fluid, tending in this way to bring about an earlier termination of the poliomyelitic infection than might otherwise occur. It is possible that convalescent serum

may have in addition, a specific action by containing some immune bodies.

The serum is injected after the spinal fluid has been removed by puncture. The amount of serum given is always less than the quantity of spinal fluid withdrawn, and is never more than 20 c. c. at one time. The injections may be repeated for several consecutive days. As the acute stage of poliomyelitis is usually accompanied by a considerable increase over the normal in the quantity of cerebrospinal fluid in the subarachnoid space of the spinal cord and in the ventricles of the brain, and since this gives rise to pressure symptoms, such as headache, drowsiness, stupor, etc., lumbar puncture, even independent of the use of serum, is of great efficacy in the treatment of the disease. By its performance we lessen the quantity of spinal fluid and hence relieve the symptoms of pressure, and also, we may influence favorably the paralysis. The nurse should therefore realize that although this procedure is slightly painful to the child, it is one of the most important parts of the treatment.

In making a lumbar puncture followed by the intraspinal administration of serum, the sterility of the technique depends so much upon the nurse that we shall speak of it in detail. Preparation for this procedure must be carried out with the same care as for a major operation, because accidental infection of the meninges with a pus-producing organism is a very fatal thing, and one which should never occur owing to faulty technique. The instruments used in the operation should be carefully sterilized. They include a long, thick, strong, steel needle fitted with a stilette, a serum container, a sterile test tube, and a cork to fit. The nurse should be sure the lumen of the needle is clear, and in boiling, the stilette should be withdrawn from the needle, and boiled separately. It is best to wrap all the above articles in gauze before boiling, so as to prevent singeing the rubber tube connections of the serum container by contact with the heated surfaces of the sterilizer. The bottle of serum should be immersed in a basin containing some water heated to about 106 degrees, Fahrenheit, and the temperature should be maintained at a little above that of the body, until used, by adding small quantities of warm water to the water in the basin. A 1-1000 solution of bichloride should be in readiness for the operator to use in disinfecting his hands, and he should be provided with a sterile towel and a pair of gloves. Great care should be taken in preparing the lumbar region of the back, especially as the skin of this part of the body is sometimes soiled with fecal discharges, more specially in younger children. Hence it is advisable to cleanse first with tincture of green soap and warm water, then with alcohol, and finally

to paint with tincture of iodine. In painting, a line should be drawn between the highest points of the iliac crests and around this a square extending two inches on either side of the spinal column and two inches above and below the line from the crest, should be painted. By this simple method the operator is enabled to locate his landmark, because the highest point of the crest is opposite the spine of the fourth lumbar vertebrae, which is also the level for the introduction of the needle. It is advisable to have a few sterile towels which can be used to cover the parts of the body immediately bordering the field of operation. The proper position for the child is the lateral, prone, with the back toward the operator, the child's head to his left. In order to properly hold the patient, one hand should be placed over the neck and the other under the knees, and the two parts approximated as much as possible. This position of flexion may be relaxed as soon as the needle has found fluid. If serum is to be given, there should be at least two nurses present, one retaining her hold upon the child to prevent any sudden movement, while the other prepares the serum for use by passing the top of the bottle and the cork several times through the flame of an alcohol lamp, in order to insure sterility. The cork should then be removed and the serum poured into the container which the doctor holds. This nurse may then occupy herself with noting the patient's condition during the injection of the serum, being careful to call attention to any change in the color and pulse that may occur. After the needle is removed, the wound should be covered with sterile gauze and an adhesive strapping should be firmly applied. If there is any uncertainty about the dressing remaining in place, it is best to support it with a binder. The use of collodion for sealing the wound is objectionable if other punctures are to be made.

THE RED CROSS PARADE

All who saw the Red Cross parade in New York City on October 4, agree that it was a beautiful and impressive sight. It was a visible demonstration of the multitude of women enrolled through the Red Cross for their country's service, in one branch or another, in this locality. It could undoubtedly be duplicated in almost any of the working centres of the country in proportion to the population. The awakened and patriotic towns and smaller cities are doing as well or better than the larger ones.

WITH THE RUSSIANS IN PERSIA

By ELEANOR SOUKUP McCLINTIC, R.N.

Peru, Indiana

(Continued from page 40)

The next day we went to the hospital, which was in the heart of the city, where typhus had been. It apparently had not been fumigated, and if so, not thoroughly, for the building with its mud floors had no windows in it. Because of the many soldiers, sick and wounded, that were coming to us, the surgical hospital was moved to Dilgo-shan, a deserted Kurdish village, one mile from the town. A Persian Khan's palace, with its huge, beautiful gardens, was here. We saw that the hospital couldn't possibly hold the wounded, so along the high mud walls in the gardens, raised beds were built of boards, with awnings stretched over the tops. Straw mattresses and pillows were made, and all the gauze that could be had from the bazaars was obtained, and each soldier supplied with one of these coverings as a protection from the flies and mosquitoes.

The bulk of the work was carried on by the Americans, a Russian doctor and sister, two felchers and two sanitars, but when, for a while, many hundred wounded came in each day, we had to have the assistance of the doctors and sisters from the medical hospitals, the English banker and American missionary also helping us.

The operating room was large, well-lighted and had a mud floor. We worked without rubber gloves or a sterilizer. The sterile supplies came to us in sterile paper packages containing plain cotton, cotton dipped in bichloride before it was sterilized, and bandages ranging in size from one inch to eight inches in width, used exclusively for the operations. When the supply of carbolic acid and alcohol 95 per cent was exhausted, arar, denatured alcohol, and bichloride of mercury in tablets, were used. Potassium permanganate was used extensively for all dressings. We had granite plates and basins which, when sterilized by burning with alcohol, answered many purposes. Clean water was carried from a spring two miles away.

We disposed of the soiled dressings by burning them, but when they were wet, they would smoulder all day, without burning. Thinking burying would be better, we tried this, only to find, to our disgust, that the Persians were stealing the bandages at night, washing them in the narrow stream and rolling them up, and they would sell the bandages in the bazaars.

The sister in the Russian dressing room was surgically clean. She stood at a sterile table, upon which were the sterile dressings, bandages, solutions and instruments. With long, sterile forceps she handed the articles to those who were dressing cases and who were also surgically clean; the sanitars removed the bandages.

The cases were operated on early in the morning and then the wounded were dressed. Patients with minor operations, such as infectious and bullet wounds, were retained in the hospital, to be sent to their regiments when they recovered. Others, heavily wounded, were also operated upon, allowed to remain at the hospital a few days and then sent the long distance back to Russia in a transport. This consisted of a chain of carts, varying from twenty to fifty, with a kitchen and a dressing cart attached. Sanitars, felchers and sisters travelled with these, giving the soldiers the attention needed.

Our wounded came to us after a journey of from three to six days, receiving first aid at the first-aid camp by a felcher or doctor, while others came directly from the field. They were brought in two-wheeled carts, holding two soldiers; in Persian wagons carrying three wounded at the most; on horseback, a wounded soldier holding on to the rider in front of him; on stretchers drawn between two horses; and in wooden boxes, one on either side of the horse, with a canopy over them.

Not all the wounded were amputations, gun-shot wounds and broken bones; we had trephines, laparotomies, aneurysms, and many others. A few tetanus cases developed and hemorrhages, due to maggots. We were continually safeguarding against trachoma, which is very prevalent among the Persians. They have a custom of dyeing the nails, hair, beard, eyebrows, and eyelashes a bright red, with a substance called henna. A beauty doctor, a woman, goes from one family to another to do this, always using the same filthy brush.

Conditions for Russia for a time looked bright; many prisoners were captured, besides ammunition, camels and food; but now they were reversed. Soldiers were getting sick from the intense heat, bad water and scarcity of food; they were also losing horses, and cholera and typhus were everywhere. Two Russian sisters and a medical student were victims, while some of the personnel were ill, and the doctors with the felchers were returning from the first-aid camps.

At this time I was told by one of the Turkish prisoners, through an Armenian soldier, that the English were short of men and were sending women to the front. We tried to persuade him this was a mistake, when he replied, "But I saw them, they had short skirts, shoes with stockings, and their knees were exposed." The Turk had seen the Scotch Highlanders.

One day two Cossacks entered the hospital, their bodies blistered by the hot sun. Upon inquiry, they told us that in a fight with the Kurds they fell wounded from their horses. The Kurds beat them until they thought them dead and left them on the battlefield. They regained consciousness after a time, only to find their clothes taken from them. They walked three days in the sun until they reached their comrades.

Another soldier, with a broken shoulder blade, was operated on and an iron disc $2\frac{1}{2}$ inches in diameter, which had been lodged there for several days, was removed.

We were hearing constant rumors of the approaching enemy when, on June 28, it was announced at supper that before morning all must leave Kermanshah. The patients were to be sent first, then household and hospital supplies, and lastly the sisters were to go; the doctors were to remain with the retreating army. All went to their various duties, some into the operating room, dressing the newly wounded, while others packed the supplies or prepared the sick and wounded for the trip back. We had an amputation case that evening, a patient who came to us with a tourniquet on his leg, which had been there, presumably, for two days.

The most important things were moved, although some had to be left behind and were loot for the Persians. The covered vans were piled high with articles and upon these the convalescent soldiers, who were too weak to walk, sat holding on. All sorts of conveyances were used to carry us back: two-wheeled carts; lineakas, carriages with low side seats; horses, donkeys, and camels. Each person was armed with a rifle, bayonet or revolver and all the cartridges he could carry.

As we rode slowly out of Kermanshah, the roofs were filled with townspeople to see us leave. Some were sad, others gay, due to the excitement which prevailed. Now for a long journey again, without food or water, in the scorching sun; but as I look back, we were kept so busy with the dreadfully sick, delirious, and heavily wounded, that little thought was given to our own personal needs. Each evening when the tents were pitched, the dinners were cooked, medicines given out, and each soldier, lying on the ground or in the wagon, was made as comfortable as could be, in his heavy uniform and boots.

The "Zemsky Zayust," one of the foremost organizations in Russia, had wayside stations. What a treat to the half-sick, distressed soldiers who had to walk! With their boots off, they would struggle along, nothing to eat or drink all day, to these places, which would provide for them.

About one o'clock in the morning, the second night out on the

road, our mounted patients, who were in the front of this long march were attacked by a tribe of the fierce, wild Kurds. They removed all the dressings and bandages, thinking money was concealed under them. One sanitarian was seriously injured, all the soldiers were in a state of collapse, and the march was delayed until the next afternoon. The sisters acted very bravely, working hard to quiet the soldiers, and because of this had the St. George's medal conferred upon them. A Russian soldier receives for bravery the St. George's Cross, with a black and orange striped ribbon.

Back to Hamadan, on July 5, came three important hospitals, the Red Cross, Military and the Zemsky Zayust, with all their possessions, only to find that three other hospitals belonging to their attachments were here. We lived in a tent, working in the surgical hospital, until the orders came again from the staff for all to evacuate Hamadan, August 9.

Knowing what the past experience had been, the sisters provided themselves with all the nuts, raisins, and cocoa they could carry. With two beaten raw eggs in the cocoa, and with sugar, we found it not too bad. This last trip was not unlike the preceding one, but it was much longer. The parties became somewhat separated, some remaining in the rear, others going ahead, while still another travelled with the sick and wounded.

Alternating with the Zemsky Zayust, the work went on famously. At one station on our way, we found many soldiers lying on the ground in the hot sun; their feet being blistered from walking, prevented their further journey. We soon found places for them in the automobiles that were coming from Kasbin with the supplies. It was at one of these stations that a military doctor, who was helping us dress these blistered feet, had three fingers blown off by an explosive which was in the first-aid package, instead of iodine.

One vivid picture will always be remembered, when in the evenings could be seen various regiments with their tents, across the desert, for miles around, here and there. It was like a stage scene, the mountains in the background, the horses picketed near the tents to long ropes and the cannon at either end. Perhaps here would be a group of Cossacks singing the National Hymn or other songs, while others, rolled in their blankets, were asleep, and everywhere, in all directions, were camp fires burning.

There were rumors again of the Kurds' and Turks' flank attack, which would cut some of our party off from the others, but we reached Kasbin, on August 21. Very glad we all were, for all were tempted this last day to drink the ditch water and risk typhoid, rather than

die of thirst. Many of our soldiers were drinking the water when we were not looking.

We were treated by the Russians like guests all the time that we were with them. The Russian is kind, hospitable, and always helps the unfortunate. The soldier is brave, loyal, and happy; many, proud of their valor, would refuse an anesthetic during an operation. Russia is very proud of her Cossacks, and well she may be, for besides possessing all the qualities of a good soldier, they can sing and dance beautifully. They make a smart picture in their bright red fascinating costumes. The Cossacks are exceptionally fond of children. Many Kurdish, Armenian and Persian orphans or beggars, found in the deserted villages, were taken to the regiment by the soldiers, who would dress them as Cossacks, teach them to speak Russian, and to sing and dance. The little fellows enjoyed the life, especially when petted and made so much of, but unable to stand the hardships many became ill, and had to be left at the hospitals. Two of these urchins left the hospital in the early morning and wandered back to their soldiers, who brought them back from the regiments.

When we left Persia we met a Russian sister, who, when she was introduced to the Americans (this was the first time she had ever seen them), said, "My, what queer people one meets in war time."

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

The classical signs of cancer are the signs of its incurable stages. Do not wait for the classical signs.

Early cancer causes no pain. Its symptoms are not distinctive but should arouse suspicion. Confirm or overthrow this suspicion immediately by a thorough examination and, if necessary, by operation. The advice "Do not trouble that lump unless it troubles you" has cost countless lives.

There is no sharp line between the benign and the malignant. Many benign new growths become malignant and should therefore be removed without delay. All specimens should be examined microscopically to confirm the clinical diagnosis.

Precancerous stage. Chronic irritation is a source of cancer. The site and the cause of any chronic irritation should be removed. All erosions, ulcerations, and indurations of a chronic character should be excised. They are likely to become cancer.

IS NURSING A PROFESSION?

By EMILY C. COVERT

North Carolina

We are constantly hearing baseball players, dancers, teachers, chiropractors, lawyers, cooks, and nurses referring to their "professions," and we are led to wonder what are the essential attributes of a profession. Doctors, lawyers, teachers, preachers, and writers, to distinguish themselves, are wont to refer to the "learned" professions of medicine, law, letters, theology and pedagogy. This would seem to imply that there are unlearned professions as well. Webster defines a profession as "an occupation that properly involves a liberal education, or its equivalent, and mental rather than manual labor; any occupation involving special mental and other attainments or special discipline." It would seem then that the word "learned" in this connection is superfluous. But since it is to this special group of professions that nurses aspire, we will endeavor to point out their common characteristics and see how nursing measures up to the requirements.

We find that these universally accepted professions possess a large body of scientific and organized knowledge from which they have evolved a practical technique which can be taught to others. Their aim is not primarily mercenary, but altruistic. Each has a definite, clear-cut aim directed toward the betterment of mankind; each requires its members to shoulder a great individual responsibility; each is organized to assure unified work; and each is capable of growth or advancement. These seem to be the essentials, although there are many other attributes, such as a professional spirit and the willingness to contribute discoveries or inventions to the public.

Mr. Abraham Flexner, in a paper read before the 1915 Conference of Charities and Corrections, says in regard to the status of nursing:

The trained nurse is making a praiseworthy and important effort to improve the status of her vocation. She urges, and with justice, that her position is one of great responsibility; that she must possess knowledge, skill and power of judgment; that the chances of securing these qualifications, all of them essentially intellectual, improve as the occupation increases in dignity. It is to be observed, however, that the responsibility of the trained nurse is neither original nor final. She, too, may be described as another arm to the physician or surgeon. Her function is instrumental, although not indeed just mechanically instrumental. Yet when all is said, it is the physician who observes, reflect

and decides. The trained nurse plays into his hands, carries out his orders, summons him like a sentinel in fresh emergencies, subordinates loyally her intelligence to his theory and policy, and is effective in precise proportion to her ability thus to second his efforts.

I do not agree with Mr. Flexner that nursing is essentially secondary in nature. A registered nurse is legally responsible for assisting in a criminal operation and should she give a poisonous dose of medicine, even with the physician's orders, she could be subject to prosecution as well as he. It is true that the nurse of the past obtained her knowledge first-hand from doctors, by the apprenticeship method, but at the present time she studies in schools for nurses, which are in some instances connected with colleges or universities, and from books written by nurses of recognized standing, on the subject of nursing rather than medicine. She can point to a considerable body of professional literature, and is busy evolving many branches which offer opportunities for original work. For instance, the school nurse or the rural Red Cross nurse is working in such a new and undeveloped field that all her initiative and creative powers may be applied to advantage. Her work is constructive, directed toward prevention, by teaching the principles of hygiene, personal as well as public.

The work of the public health nurse, the teacher and the organizer in the training schools, is certainly not of a secondary nature. These are, in many instances, working for teachers or school boards and not for doctors at all. Even the private duty nurse, to whom Mr. Flexner was undoubtedly referring, does much that is original. True she does not diagnose or prescribe for her patient, neither does the physician tell her how to administer the treatment. Her methods are based on scientific principles which she understands quite as well as she does the practical technique. He cares for the medical side of his patient, the nurse for the physical side. He could not carry on his research work or experiments without her intelligent assistance, and her report of symptoms often changes his policy. Dr. Emerson says that nursing is not a branch of medicine, but springs direct from the healing art as does medicine.

To summarize, nursing is a science, in that it is based on knowledge and principles which are classified and verified. Applied science is a science put into concrete practice. Practice without theory is "quackery." Science, or a body of theory, is necessary to get safe practice. Nursing is the application of many sciences: dietetics, hygiene, pedagogy, psychology, sociology, bacteriology, etc. Nursing is a profession, for it is based on a body of organized and tested knowledge, it requires social service, it is not on a commercial basis, it does not

permit trade and personal advertising, it is capable of constant growth and development, it does not depend on another profession, and it is willing to contribute its discoveries to the public. It would seem that nurses have not as yet measured up to their professional possibilities, but they are making rapid strides in that direction and perhaps, in the not distant future even Mr. Flexner will admit them to the realms of the learned professions.

MEDICAL SOCIAL SERVICE

In a paper on Hospital Social Service in New York, by N. Gilbert Seymour, M.D., the statement is made that the hospital social service worker must be a graduate nurse, and credit is given to nurses who did pioneer work in this field. Dr. Seymour begins the history of this service by sketching the work done under Dr. Charles P. Emerson of Johns Hopkins University, who, "in 1902, sent his medical students out to visit families in their homes, to study at first hand the social causes of disease." From this he passes on to the next development in hospital social service, made in 1905, "when Dr. Richard Cabot of Boston secured official recognition for a medical social service worker, Garnet Isabel Pelton, a trained nurse, in the Out-Patient Department of the Massachusetts General." In New York City he names, as the first step toward such a service, the appointment in 1906 of Mary E. Wadley, "a trained nurse, who built up, single handed, the social service department" of Bellevue. Nor does the writer fail to make mention of the contributions made by Anna C. Maxwell, of the Presbyterian Hospital, and Dr. Henry Dwight Chapin at the Post-Graduate, although he notes that these represent a type of service more nearly akin to the visiting nurse service than to hospital social service as he interprets it.

To quote from Dr. Seymour's article:

Only a nurse understands the routine and vernacular of the hospital. The necessary technicalities and red tape hold no mystery for her. She is familiar with it all. She is *persona grata* to the medical staff and nurses because she speaks their language and understands their viewpoint. To her, with the least possible expenditure of time and effort, a technical problem can be explained, and she can make an intelligent contribution to its solution through the social data, interpreted in medical terms, which she is able to collect. To the patient, unaccustomed to the hospital atmosphere and routine, she is the "friend at court." She is able to interpret the patient to the hospital, and able to interpret to the patient the mysteries of the hospital.

It should go without saying that no amount of training, either medical or social, will make a successful worker of a woman without tact, sympathy, untiring patience, and the saving grace of humor. A thorough groundwork of social training will save much wasted effort and many needless mistakes in "social diagnosis" and "social treatment." But though she have all these things, if she has not hospital training, she cannot, in our opinion, become the ideal hospital social service worker. In ordinary medical social service, perhaps less technical training will answer reasonably well. Certainly that is the opinion in some other cities. In hospital social service, never. That is the consensus of opinion here.

CASE REPORT OF CAPILLARY HEMORRHAGE

By LUELLA TRIMMER, R.N.

East Orange, New Jersey

Baby born December 24; after reaction from birth took place she had to be worked with several minutes. The usual methods were used: blowing in face, holding by feet, and slapping on chest with cold towel wet with whisky. Baby seemed normal with two exceptions: lips were blue and it was thirty-five minutes before urine was voided. Weight, $8\frac{1}{2}$ pounds.

December 25. In the morning put to breast, ate well, and was strong, as little babies go. Local doctor saw patients and everything seemed all right. That night gave castor oil, 1 drachm, paregoric, 3 drops; bowels well cleared of meconium.

December 26. Put to breast every three hours; temperature at 8 a.m., 98.4. At 3.25 p.m. baby wakened with very peculiar cry and would not nurse. I saw something was wrong. As the New York doctor was due in a half hour I did not call the local doctor. The doctor on arriving found a decided heart murmur, with temperature of 96. He said it was a blue baby and ordered oxygen and an enema of whisky, 30 drops and 1 ounce water. Consulting physician at 10 p.m. took heart beat with stethoscope, 48, respirations 80. He advised bathing the chest with hot mustard and then slapping with hot whisky. Oxygen was given every fifteen minutes for two hours during the night; three enemas of whisky also.

December 27. Baby held its own during night; head slightly drawn back. At 5 a.m. temperature was 99.4, respirations 80. Started vomiting blood at 9 a.m.; at 12 m. the temperature was 103.6, respirations 80. Pulse taken only by physician, still 48. At 5 p.m. temperature 102.6, bright blood from nostril, blood test taken. Dr. K. said she was the youngest patient he had ever taken blood count from. At 8 p.m. blood from bowels, the head still drawn back. At 9 p.m. two local doctors and New York baby specialist in consultation still got the decided heart murmur; temperature 102.2, respirations 80, pulse 48. Horse serum given. Had held her own through the day.

December 28. Held her own through night. Vomited blood, blood from stool and bright blood from nostrils. Oxygen given at intervals during the night. At 4 a.m. temperature 103.2; at 8 a.m. 103.3; at 9.30, very cyanosed and crying, head much drawn back, temperature

104. At 10.25 blood from father given; temperature 104.2, pulse 54, respirations 80; oxygen given continually during the day. Father's blood given in back at either side. Baby reacted nicely from hypodermic.

December 29. At 4 p.m. temperature 101.6, at 8 p.m. 98.6, hemorrhage less, oxygen given freely during the night, slightly cyanosed. 12 p.m. temperature 99, respirations 50. Fed breast milk in alternation with whey every two hours with dropper.

December 30. Baby had a good night; at 4 a.m. respirations 50, temperature 98.4; at 8 a.m. temperature 95.2, body cyanosed. At 9.30 another hypodermic of human blood, temperature 97, pulse 56, reacted nicely; at 12 m. temperature 97, respirations 60; at 4 p.m. respirations 88, temperature 99.4; at 8 p.m. respirations 70, temperature 101.3. Oxygen was given freely during the day.

December 31. Restless night; temperature at 4 a.m. 101.1, respirations 46; at 8 a.m. temperature 100, respirations 82; oxygen still kept up; baby put to breast but showed no desire to nurse. At 12 m. pulse 52, respirations 55, temperature 99.1. At 4 p.m. respirations 80, temperature 100; at 8 p.m. respirations 64, temperature 100.3; at 10.10 p.m. took hold of breast.

When the baby was one week old it had taken two cans of oxygen, had improved and was strong enough to nurse every four hours and to take whey with bottle and nipple. Hemorrhage stopped after second hypodermic of human blood. The child was born with slow heart action. At three months she was strong in every way, pulse 60 to 64 but very regular. The physician said it had been practically impossible to get the fetal heart count during pregnancy.

At five weeks the child developed a peculiar condition: the stools were perfectly white, no jaundice, urine showed no bile, whites of eyes clear, skin slightly yellow. This lasted one week and cleared as quickly as it came. The doctor attributed the condition to suspension of the bile, and said that the longest it had been known to last in this section was two days.

I would like to add a word to nurses in regard to refusing cases. I was very tired and wanted another nurse on this case. We called two that were in, many that were out, and finally had to have the assistance of a practical nurse. I cannot understand why a nurse who has taken three years to train should refuse baby cases. In our section of the country the practical nurse has a strong foothold because the graduate is far too particular as to what cases she will take and where and when she will go.

BUREAU OF EDUCATIONAL EXTENSION

By LUCY M. BUSHEY

Cleveland, Ohio

Beginning this work was like pioneering. Not knowing of any health board which was doing an identical piece of work there was little precedent for guidance. To be asked to work up a field for health talks to all sorts of groups, from various angles and to locate most of these groups was rather staggering. It meant not only the assembling of important material and putting it in shape to "get over," but it also meant asking the coöperation of all kinds of social workers who, for the most part, feel that the problems of health and public health must be disguised in a sugar wafer and delivered in a gilt edged box.

In a rural community the importance of the health problem is often looked upon as a remote and minor detail in the game of life; in a large city some are blasé, some are indifferent, some think the whole problem rests entirely with the Board of Health, and a fair number recognize its relation to other fundamental problems.

The summer groups were chiefly to be found upon the playgrounds and in the vacation schools where, with the coöperation of the directors, health stories were utilized. As the season advanced, clubs and other groups were reached.

In making calls to present the work and invite coöperation frequent inquiry was made regarding an illustrated lecture, therefore slides were assembled and a talk prepared introducing public health from various angles, endeavoring to show it as a community problem and a civic responsibility. It was used nine times during the subsequent six months.

In the Cleveland public health work there was, up to February 1, 1917, no group of nurses whose jurisdiction made service to the parochial schools permissible, owing to the methods of specialization. Through the coöperation of the superintendent of parochial schools arrangements were made for health talks in a number of them, in which attendance ranged from 350 to 2000. Following this, the re-organization of the Board of Health nursing staff on more general lines, instead of absolutely specialized ones, made it possible for the staff nurses to begin school nursing work in part of these schools and in four others, twelve in all.

Some years ago Little Mothers' Leagues had been started in Cleveland and then given over to the public schools, where teaching of infant hygiene became a part of the regular seventh and eighth grade courses. However, a large number of girls were not reached through this channel and an effort has been made more recently by the Babies' Hospital and Dispensary to extend it to such groups. In February this work with its problems was taken over. The system on trial, that of having inexperienced volunteer social workers as aids, is unsatisfactory with a very few exceptions. This work should either be part of regular school curriculum or else be carried on as an intensive summer campaign by a corps of nurses especially adapted to do it. In any event there should be a fund for proper teaching apparatus, prizes and home credits. This year that expense has been borne partly by the emergency dispensary funds, partly by the social chairmen, and partly by myself.

Effort has been made to standardize the material used for lectures in manuscript form. The approach for a subject naturally differs with one's group, a class of pupil nurses needs an angle of presentation differing from that given to a group of volunteer social workers, or such an audience as one finds at a farmers' institute.

Aside from the nearly three hundred calls made in the interest of the work, more than two hundred letters were sent out, over the signature of the commissioner of health, to pastors, priests, social workers and county institute officials, telling them of the work, offering assistance and asking their coöperation in spreading the health gospel.

The total number of talks given was four hundred and forty-four, reaching a total attendance of twenty-two thousand six hundred, including the children from sixteen parochial schools.

In totaling attendance, it is evident that many of these units were reached twice, some of them three times and a few several times; yet it is safe to estimate that probably ten thousand individuals were reached with some kind of a health message.

A summary of the groups reached includes the following: Playgrounds, public school teachers, parochial school sisters, women's clubs, farmers' institutes, school children, Y. W. C. A. groups, Y. M. C. A. Juniors, churches, physicians, nurses, Little Mothers' Leagues, Camp Fire Girls and school community centers.

The following topics were used: Health Stories, Downes, mouth hygiene, health habits, public health (one illustrated), health and housing, health and sanitation, health and garbage, history of tuberculosis, nursing in tuberculosis, public health and tuberculosis, public health and communicable diseases, public health and infant welfare,

public health nursing, public health and social agencies, history of nursing, child hygiene, and public health in school work.

The newness of a special department for this work combined with the many angles of approach has made for both discouragement and encouragement. One year can hardly tell the tale. There were times when one felt like an amateur swimmer who makes a dive into deep water and comes up compelled to make a stroke that will give impetus and keep his head above water.

Early cancer is usually curable by radical operation. The early operation is the effective one. Do not perform less radical operations on favorable cases than you do on unfavorable ones. The chances for a permanent cure are proportionate to the extent of the first operation. Make wide dissections; incision into cancer tissue in the wound defeats the object of the operation and leads to certain local recurrence.

Late cancer is incurable though not always unrelievable. Radium, X-rays, ligation, cautery or palliative operations may change distress to comfort and may even prolong life.

Cancer of the breast. All chronic lumps in the breast should be removed without delay. Benign tumors can be removed without mutilation. Examine all specimens microscopically. An *immediate* microscopical examination is desirable since, if positive, it permits a radical operation at the same sitting. A radical operation performed ten days after an exploration is almost never successful in curing cancer of the breast.

Cancer of the uterus. Any irregular flowing demands thorough investigation. Offensive or even very slight serous flows are especially suspicious. Curette and examine microscopically. Amputate all eroded cervixes which do not yield promptly to treatment. Do not wait for a positive diagnosis.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: S. LILLIAN CLAYTON AND ANNA C. JAMMÉ

HOW TO INTEREST HIGH SCHOOL GIRLS IN NURSING

The Cleveland League of Nursing Education recently became eager to measure in some way the average high school girl's interest in nursing as a possible future vocation for herself. In doing this bit of research work, Miss J. C. Bennett, chemistry instructor of East High School, rendered valuable assistance. Out of a list of questions submitted to her by individual League members, Miss Bennett compiled a questionnaire. This questionnaire was sent to high school girls in Minneapolis, Cleveland, Jersey City and La Crosse, Wis. The results tabulated, therefore, would seem to represent high school opinion in the northern, central and eastern areas of our country, from which area so large a proportion of pupils is received into schools of nursing. 1139 questionnaires were sent and 1139 answers were received. The questionnaire was prepared, having in mind also a comparison between the amount of interest displayed toward a possible future college course and a possible future course in a school of nursing.

Following is the questionnaire, with percentage results, showing the average high school girl's attitude toward nursing as a vocation.

1. Name. Age.
2. In selecting your elective high school subjects, did you do it bearing in mind a future vocation? 73 per cent did.
3. Have you considered nursing a possible career for yourself? 19 per cent have.
4. If you are interested in nursing, state what appeals to you in it.
5. If you are not interested in nursing, state your objections.
6. Have you ever talked with a member of the nursing profession concerning the work? 43 per cent have.
7. What have you heard concerning the difficulty of the work in nurses' training schools?
8. How old must a girl be to enter a nurses' training school? 58 per cent did not know.
9. How old must a girl be to enter college? 43 per cent did not know.
10. How long is the course in a nurses' training school of high rank? 61 per cent did not know.
11. How long is the course in a college or university? 23 per cent did not know.

12. Would you be interested in taking the training to become a nurse if the training schools were connected with a college or university? 21 per cent would

13. Name some of the positions which a trained nurse can fill:

14. If you were interested in going to college, how would you proceed to get information about it? 86 per cent knew.

15. If you were interested in going into a nurses' training school, how would you proceed to get information about it? 73 per cent knew.

16. Give the name of a training school for nurses with which you are more or less familiar. 60 per cent did not know any.

The percentage results show clearly the amount of ignorance and indifference in the high schools toward nursing. Answers to questions 5 and 7 cannot be reduced to terms of percentage. In concise statement, however, Miss Bennett found the objections and difficulties in the minds of high school pupils variously stated, thus: "I can't stand it physically;" "It is a life of drudgery;" "The work is too strenuous;" "When you get old, nobody wants you;" "The nervous strain is too great;" "The hours are long and the work hard;" "The discipline is severe;" "There is not opportunity for self expression;" "Too much menial work;" "Too much scrubbing;" "Too much standing on one's feet."

From the tabulation it will be seen that over 73 per cent do not know any positions that a graduate nurse can fill. From the 17 per cent who ventured a suggestion, some strange answers were given. Not a few gave the following answers as the only occupations they know, viz: companion to elderly person; nurse for young children, governess; housekeeper; secretary to invalid; cook;—not an especially attractive array of future employments as the average high school girl sees it.

In presenting the results of this questionnaire to the League, Miss Bennett ventured an outsider's opinion as to why comparatively few high school girls enter our schools of nursing. In conclusion she said, "A first answer to this question appears to be the ignorance and indifference and misunderstanding of high school girls as to what the training consists of, as to the possibilities of the training in fitting for some life work, and as to the method of getting information regarding the course in a school of nursing."

"A second answer to the question as to why so few girls enter schools of nursing must relate to matters within the school itself. The spirit of democracy, which has been for a long time mostly a thing in our political life only, has begun to invade all our schools, and we find that our methods of discipline and our methods of teaching must ever progress and improve to keep up with the extension of our ideals of democracy; of liberty without lawlessness; of freedom with responsi-

bility. That the colleges have heard this voice is evident in the student councils and other socializing institutions recently introduced. Even the technical schools are beginning to realize the need of a wider vision for their young men, and we find courses in sociology and similar subjects in the curriculum along with the engineering subjects. The more thoughtful and progressive secondary school men too, recognizing the inborn desire for self expression, are attempting in various ways to bring the spirit of democracy into their schools. It is reasonable to suppose that the situation in which these schools find themselves is duplicated in the case of the schools of nursing. The problem is a general one, influencing all education to improve methods of discipline and methods of teaching in harmony with our American ideals of liberty without license. The task of solving this problem is surely an inspiring one, one worthy of our best efforts.

If the conclusions drawn from the given statistics are at all fair, these two questions confront us:

1. What sort of campaign can be planned for the enlightenment of our young people and their parents as to the nursing situation?

2. What program can be outlined to bring a little more of the spirit of democracy into the schools of nursing, without sacrificing any of the fine things for which the nurses' schools of today stand?

In answer to these last two questions, Mary L. Wakefield, of Lakeside Hospital, gave to the League her own careful thoughts, as follows:

The results of this investigation, afford us much to ponder over. The ignorance and indifference as to what the preparation for the profession of nursing is and as to its splendid possibilities seem to stand out most glaringly and make us realize the great need for publicity work. Already something has been done along this line, but the necessity for a far greater effort has been brought to us very forcibly. Throughout the country, I think some attempt has been made to arouse the interest of high school and college students by talks given by members of the profession and by scattering copies of the pamphlet, *Opportunities in the Field of Nursing*. Last year two high schools, one private school and the Woman's College in this city were reached in this way by members of this League. When I asked Miss Bennett if she had thought of any other way in which we might interest the high school girls, she made a very practical suggestion, that groups of girls be allowed to make excursions to some of the hospitals and have the ward duties and the educational side of the training explained to them in their proper setting. Excursions to stimulate interest in other lines of work have been tried and have been most enthusiastically received by the pupils.

We have endeavored thus far to meet the possible candidates for our schools, but I have sometimes wondered if it would not be worth while to make an effort to get in touch with the mothers, as well, as I venture to say that very few students have entered our schools who have not first had to overcome the prejudice of their mothers, and in many instances their consent to undertake the course of training has been given very reluctantly.

Chief among the objections raised by high school graduates and college women to entering our schools are the long hours, the hard work, the severe discipline, the lack of recreation and pleasure and the low standard of education. I believe a conscientious effort is being made by many of our principals to lessen the number of hours of duty, to eliminate drudgery, and to elevate the educational standard by better planned curricula and by procuring paid instructors and lecturers for their schools. These are goals toward which we cannot hope to move very rapidly as they involve a considerable increase in the expense of maintaining a school and, furthermore, the education of boards of trustees and the general public, as schools of nursing, as entities, do not yet exist in the minds of most people. We need funds for laboratories and libraries and paid instructors quite as badly as do other schools.

In the meantime, while this slow process of education is going on, is there nothing that can be done to make our schools more attractive and enticing? It is a rather significant fact that very nearly one-half of these 1139 high school girls have had an opportunity to talk with some member of the profession and yet less than one-fifth of them consider nursing as a possibility. We must infer that our graduates are not giving very glowing reports of our schools and of the work after graduation. Is this lack of enthusiasm due wholly to long hours and hard work, or is there something more subtle which may account, in part, for it? Have we in our schools anything that is equivalent to college spirit? We are dealing with women who still have a youthful and buoyant spirit and I think we should endeavor to keep this alive. This can be done only by mixing play with work in a fair proportion. The holidays are usually celebrated by some kind of good time, but this is not enough. There should be some regular provision for the social and recreational life of the students. In college there are many opportunities for self-expression, the lack of which in our schools has frequently laid us open to criticism. There is a little that might be said in our defense along this line. As yet it is necessary to make our course of study an entirely prescribed one with no electives. The subjects included in the curriculum are not such as to promote independent thought and discussion as would literature, history, sociology, psychology, or philosophy. This is a distinct loss, and to meet it adequately we must affiliate with schools of general education, broaden our curriculum and allow some choice of subjects just as a beginning of something broader and bigger.

Our problem is a complex one and in one aspect is unique. We are trying to conduct a school and at the same time care for the needs of a hospital, which must be met promptly. In fact, many nursing schools have been established with this aim solely, and they will soon defeat their own purpose if conditions are not greatly changed. Perhaps this phase of the problem has stood out too prominently and we have failed to realize that we have much in common with other schools. We all have the problem of arranging a wholesome, happy, well-rounded existence as well as an adequate vocational training for a large group of young people, and I am sure we share the desire to graduate from our schools women of splendid character, and of high ideals and vision, who are eager to make a worthy contribution to society.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

The Belgians in Great Britain, wishing to show their gratitude to the British nation for the hospitality shown them during the war, have decided to erect a monument in London. The Belgian minister is president of the committee.

In the German defenses about Lens are many block houses, built of concrete set round thick iron bars, usually about half an inch in diameter. Several layers of these bars, which are about seven inches apart, run through the concrete of both walls and ceilings. Even heavy shells do not at first make a hole, but just disclose and twist the first two layers of reinforcement. This enables one the better to appreciate the following narrative: A young Somerset officer with twenty men found in front of them two dark towers, built as described. After hard fighting, the first tower, serving as a sort of keep to the second, was vanquished and twenty-odd prisoners from it sent back to the Yser. The second was as tough as the first and much larger. By the time the young officer reached it, his men were reduced to six. Iron bombs, bullets, and artillery shells bounced off the tower with no effect. Some of the men banged with their fists on the door and walls. The door of the dark ferro-concrete tower opened timorously and tentatively and out filed forty-odd Germans with their hands up, their rifles and bombs in a pile within. The prisoners were sent to the rear with a guide and the remaining Somerset men went on with the battle.

A Canadian battalion headquarters at Lens received a telephone message asking how and in what numbers the Germans had broken through them. "They have not," came the reply. "We hold the German line and all is well." "But," the Engineers insisted, "the Germans have broken through and are visible in the old 'No Man's Land' behind your battalion." "They have not," replied the officer. But he had scarcely denied it when he shouted into the telephone, "By the prophet, you are right!" For an hour or two telephonic communication ceased. Later a brief message was received: "By the way, we have killed or captured all those Germans who got through."

An English paper in describing the march of the American troops through London said:

It was an historic day in an era of historic things. Full-throated cheering shook and swept the streets, the crowds surged up suddenly, magically, from everywhere. There was a sudden change of the sober West from its workaday dress to a fluttering blaze everywhere of Old Glory. From every tall flagstaff in the West-End the Stars and Stripes rattled and flapped. Starred and striped were the windows and balconies, starred and striped were the 'busses, the taxis, the horses, starred and striped were we all—and mightily proud of it. The little army was split into four detachments, headed by the bands of the Grenadiers, the Scots, the Irish and the Welsh Guards. Most of the men topped the six-foot measure. They looked as tough as twisted wire, and all—or nearly all—of them preternaturally grave, and solemn as judges. They were not playing at soldiers, the mien of them made that clear enough. Yet their gravity was almost comical until you watched their faces closely, noted the twinkle in their eyes and observed, with almost a jump of surprise, the gleesome wink and the nearly imperceptible softening of the grim lines around the mouth. The King stood in front of Buckingham Palace to welcome them. With him were Queen Alexandra, wearing a miniature Stars and Stripes, the Princess Mary, the Prime Minister and many other distinguished persons. Such crowds had not been seen in London streets since Queen Victoria's Jubilee.

It is estimated that six thousand French nurses are serving in the firing zone, where they are subject to constant risk of death and wounds from shells. Seven thousand are now serving in Red Cross ambulances and hospitals with French armies in France, Algiers, Morocco and the East. To honor this service, France has created a series of medals in gold, silver and bronze to be bestowed for three, two and one year's service.

It has been suggested in some of the peace proposals that the German colonies in Africa captured during the war should be given back at its close. There is one cogent reason against this. It is that the natives would rather be exterminated than pass again under German rule. Even if her possessions were restored to her unconditionally, she would have to reconquer them one by one, she has earned the unanimous hatred of the twelve millions who were once under her sway. The enthusiasm with which they everywhere welcomed their British and French deliverers set the seal of utter condemnation on the whole spirit and system of her government. Bitter as is the European hatred of Germany, it is as nothing to the passion of loathing and revulsion she inspired in her African subjects. To force them back under her rule would be an unmitigated betrayal.

Girls of all classes enlisted in the Russian regiment of women, which they named the Command of Death. They fought the Germans when the men retreated and are said to have remained loyal during the latest uprising. They fear capture, not death. Each carries a dose of cyanide of potassium to use in the event of being taken prisoner.

EVENTS OF THE DAY

IN CHARGE OF
GARNET ISABEL PELTON

MORE GERMAN INTRIGUE.—In this war the German Government alone of all the great belligerents is notorious for low intrigue constantly and everywhere. Recently Secretary Lansing exposed one of these dishonorable plots. He published, without comment, three messages written several months ago by Count Luxburg, the German Minister in Argentina, to his government. These notes suggested that Argentine ships attacked by German submarines, be sunk "without leaving a trace," meaning that the crews be murdered. One note referred to the Argentine Minister of Foreign Affairs as "a notorious ass." These notes were forwarded to Berlin by the avowedly neutral Swedish Government at Stockholm. Unreproved by his government, Count Luxburg continued as its representative at Buenos Aires, treated as Argentina's trusted guest. On the publication of his notes by our Government, Argentina indignantly gave him his passports; both Houses of the Legislature voted almost unanimously for breaking off relations with Germany—although this step has not yet been taken—and mobs burned German property. Today Count Luxburg is in hiding. The Swedish Minister disclaimed any knowledge of sending the messages, and the Swedish Government disclaimed responsibility on the ground that their contents, being in cipher, were unknown! Germany apologized, but her conscience is more exercised over our "stealing" so sacred a thing as a diplomatic document than over the incident itself. Since this occurrence, Peru and Uruguay have joined the number of South American countries that have broken off relations with Germany, bringing one half the population of that continent officially in line with the Allies.

WAR SESSION OF CONGRESS.—The extraordinary session of Congress, called six months ago to declare war on Germany and to make necessary preparations, closed October 6. It has passed more important legislation than any other session in history. It at once declared war; thereupon, our four great needs became money, men, food, and ships.

MONEY.—Seven billion dollars were quickly and unanimously voted for immediate military needs and for loans to our Allies. All money for government expenses must be raised either by taxes, or by loans called bonds. Congress voted both for war tax bills and for two "Liberty Loan" bills. The new war tax bills try to distribute the

burden justly. They "conscript wealth" by a graded income tax, from 1 per cent on small incomes to 50 per cent on large ones, and by a heavy tax on the profits of war industries. They tax luxuries, such as cigars, theatre-going, Pullman berths. They levy certain general taxes, the one on postage, especially second class mail, being pretty generally objected to.

MEN.—A large expeditionary force was sent to France. The Army, Navy, and National Guard were brought up to war strength. The Selective Draft Bill was passed, conscripting about ten million of our young American citizens. Since then the Alien Draft Bill has arranged for the conscription of the million or more young resident aliens, who would have been conscripted in their own countries, who enjoy protection and prosperity under our laws, and who, while our own men are in service, would reap all their sacrificed opportunities in education and business. Aliens of Germany and her allies will be drafted for non-combatant service.

FOOD.—The Food Control Bill empowered the President to appoint a food administrator; to fix prices on foods and fuel; and to prohibit, if necessary, the importation and manufacture of beers and wines. The bill itself drastically prohibits the importation and manufacture of distilled liquors, to save grain. Another bill, the Trading-with-the-Enemy-Act, empowered the President to embargo, or adjust certain exports, that our own country may have sufficient food first, and then our Allies, and that supplies to neutral countries shall not reach Germany directly or indirectly.

SHIPS.—Congress has made immense appropriations to speed up the building of ships, for we must take sufficient food, munitions, and soldiers to our Allies in spite of German submarines. Every ship in the country large enough to risk on ocean travel is now under government orders. Airships, too, are being rapidly made in great numbers. Congress, which a few years ago would not grant \$15,000 for them, has now granted \$640,000,000.

SOLDIERS' INSURANCE.—The War Insurance Bill will replace the present unjust system of pensions. By this bill a private soldier will be compelled to return to the Government \$16.50 a month, one half of his pay. In return for this, if he is a married man, the Government will give his family an allowance of \$54 a month, on the basis of a wife and three children. If he is a single man, it will return to him at the end of his service, all it has taken from his pay plus 4 per cent. Any soldier may, if he wishes, give the Government \$7 a month more from his pay, receiving in return an insurance of \$10,000. In event of his death this amount will be paid to his heirs at the rate of \$500 a year for twenty years, in addition to a government indemnity of about \$60 a month.

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THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

The summer at Red Cross Headquarters has been characterized by great activity. The applications for enrollment received through the local committees have averaged about 1000 a month. The interest in enrollment has been stimulated by the committees in their efforts to organize Emergency Detachments and supply nurses for the Navy Detachments, Hospital Units and Army and Navy Base Hospitals. The organization of the thirty-two cantonments by the Government has developed, as a part of its plan, hospitals for the care of the sick soldiers upon a thousand-bed basis. The Surgeon-General has recently asked to have the Nursing Service nominate chief nurses for the cantonments. The following nurses have accepted these appointments and been approved by the Surgeon-General's office: Susan Hearle, Alice Beatle, Mary Roberts, Estelle Campbell, Sophia Rutley. Each chief nurse has been asked to organize groups of nurses as a nucleus for her personnel, but should she not be able to secure the required number by the time the cantonment hospital is ready for occupancy, it is expected to fill the deficit from the Emergency Detachments. The number of nurses enrolled has reached 14,000.

The work being done by the National Committee on Red Cross Nursing Service in coöperation with the Woman's Committee of the Council of National Defense and similar organizations to stimulate interest on the part of young women to enter training schools has met with wonderful success. Training schools all over the country are making every effort to increase facilities for housing and teaching. Their lists of desirable candidates are filled and many schools report a large increase in pupils who entered the September classes.

The National Committee has voted in favor of a public health enrollment, exempting qualified public health nurses from other forms of service. The need for this special enrollment became evident as soon as it was decided by the Red Cross to organize public health work in the zones surrounding the cantonments and in connection with the rehabilitation work now under way in France. The first Red Cross unit sent out for public health work in France was under the direction of Dr. Wm. P. Lucas, with Elizabeth Ashe as the head nurse. She was accompanied by Mrs. J. Morris Slemons. Fourteen nurses under the

supervision of Marie T. Phelan have since been detailed to this service: Sussanne Hoskins, Eugene Acevedo, Elma Bergy, Dena Quannem, Evangelyn Mosher, Mary H. Culbertson, Susan D. Potts, Nora Melton, Addie Barton, Dorothy Turnbull, Helen Gill, Jessica Bradley, Mary Miller, Marjory E. Force. Another group is being prepared to sail at almost any time under the supervision of Eva L. Smythe. This group was organized by Elizabeth Sullivan, superintendent of the Children's Hospital, Boston, and consists of the following nurses: Minnie Hunt, Grace E. Armstrong, Alice N. Wormwood, Sophie C. Nelson, Grace B. Middlemas, Elmira W. Bears, Jane Jeffrey, Sara Boule, Mary P. McCandlish, Frances B. Archer, Laura E. Kraemer, Gertrude E. Blake, Stella Tylski, Ethel Sikes.

The Surgeon-General has also asked us to organize qualified groups of nurses who have had special training in orthopedic nursing, as well as qualified workers in hydrotherapeutics and massage. A group of nurses has sailed recently under the direction of Colonel Joel Goldthwaite for England for a course of special instruction in orthopedic nursing and corrective methods for work in a reconstruction hospital in France under the United States Government. The group was in charge of Ida Mackay and consisted of the following nurses: Gertrude F. Sloane, Grace Nancarrow, Ruth Railey, Adele Woods, Isabel Dunn, Jennie Parrot.

A group of nurses specially trained in the care of nervous and mental diseases is being organized by Adele Poston, head nurse Bloomingdale Hospital, White Plains, N. Y., for service in France. The cantonment hospitals are also requiring small groups of nurses specially trained in this branch of nursing work. The Nursing Service is establishing special files for such workers, as promptly as possible.

Lucy Minnigerode, class of '98, Bellevue, has been appointed a member of the staff at the Bureau of Nursing Service and has been assigned to the organization of these special units. Miss Minnigerode is still at the Columbia Hospital, Washington, D. C., as superintendent of nurses, but is only serving there at the present time in an advisory capacity, as she was granted an indefinite leave of absence.

At the request of Major Grayson M. P. Murphy, representative of the Red Cross in France, who is also attached to General Pershing's staff, Martha M. Russell, for many years the superintendent of the Sloane Hospital for Women, New York City, was appointed as the representative of the Nursing Service and sailed on the 23d of July to assume the work in that locality. Miss Russell will not only concern herself with the enrollment of nurses who may be in France and who have not yet entered the Red Cross Service, but will organize the Red

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OUTDOOR UNIFORM OF RED CROSS NURSE AND ARMY AND NAVY NURSE CORPS



RED CROSS NURSE IN CAPE AND DRESS

Cross nurses who may be over there and who are not attached to either the Red Cross or military units for service. She will also assist, in such ways as may be possible, the nurses already detailed to the military units. As the American Ambulance Hospital in Neuilly and Dr. Blake's Hospital in Paris are under the auspices of the American Red Cross, it becomes necessary to maintain the nursing personnel at these institutions. Miss Russell will be of great service in securing nurses who may already be in France, for these two hospitals.

One of the most interesting Commissions sent out by the Red Cross was the one organized for service in Roumania. The units consisted of thirty-eight members; physicians, sanitary experts, philanthropists and nurses. Ten nurses went out with this Unit under the direction of Florence E. Patterson: Rachel Torrance, Katherine Olmstead, Alma Foerster, Alice Gilbourne, Beatrice May Gosling, Mary A. Brownell, Jennie B. Donald, Mary McIntyre, Adeline Howell Rowland, Linda K. Meirs. The unit left Chicago on July 28, sailing from Victoria on August 2. It was due to arrive in Petrograd on August 25. Latest advices stated that it reached this point safely and was about to leave for Jasse. It took large quantities of supplies, both medical and surgical, together with hospital linen. A second consignment of the same character has recently been sent in order to supplement the equipment taken. The letters received from nurses are filled with enthusiasm, interest and joy in the work. This arduous service required women with special preparation, in good physical condition, with experience, poise and dauntless courage.

The Nursing Service Committees have been augmented by the following new ones: Fresno, and Santa Cruz, California; New London, Connecticut; Hawaiian Islands; Fort Wayne, and South Bend, Indiana; Topeka, Kansas; Essex Co., Massachusetts; Duluth, and Rochester, Minnesota; Mississippi, State and Local; Atlantic City, Camden, and Jersey City, New Jersey; Troy, New York; Charlotte, North Carolina; Ashtabula, Canton, and Youngstown, Ohio; Tulsa, Oklahoma; Harrisburg, and So. Bethlehem, Pa; South Dakota, State and Local; Memphis and Nashville, Tennessee; Norfolk, Va; Spokane, and Tacoma, Washington; Wyoming State and Local; South West Virginia Local. These are bending every effort toward the enrollment of nurses in adequate numbers. The Nursing Service has, we believe, measured up to the expectations of the National Committee and so far has been able to meet all the demands made upon it by the Government. This has been made possible by the devoted and enthusiastic service of the State and Local Committees.



PREPARED FOR RAINY WEATHER IN FRANCE

Since the last report the following Army base hospitals have been assigned to duty:

Base Hospital No. 8 (New York Post Graduate, New York), Amy Patmore, chief nurse.

Base Hospital No. 9 (New York Hospital, New York), Mary Vroome, chief nurse.

Base Hospital No. 27 (University of Pittsburgh, Pittsburgh), Blanche S. Roulon, chief nurse.

Base Hospital No. 23 (Buffalo General Hospital, Buffalo), Laurie Phillips, chief nurse.

Base Hospital No. 31 (Youngstown Hospital, Youngstown, Ohio), Frances Kehoe, chief nurse.

Base Hospital No. 32 (City Hospital, Indianapolis, Indiana), Florence J. Martin, chief nurse.

Base Hospital No. 36 (College of Medicine, Detroit), Betsy L. Harris (Mrs.), chief nurse.

The papers of the nursing personnel of the following base hospitals have been sent to the office of the Surgeon-General:

Base Hospital No. 3 (Mt. Sinai, New York), Amy Trench, chief nurse.

Base Hospital No. 24 (Tulane Infirmary, New Orleans), Ethel Holmes, chief nurse.

Base Hospital No. 34 (Protestant Episcopal, Philadelphia), Katharine Brown, chief nurse.

Base Hospital No. 38 (Jefferson Hospital, Philadelphia), Clara Melville, chief nurse.

The following Navy base hospitals have been assigned to duty.

Navy Base Hospital No. 1 (Brooklyn), Frances Van Ingen, chief nurse.

Navy Base Hospital No. 5 (Philadelphia), Alice M. Garrett, chief nurse.

The papers of the nursing personnel of the following Navy base hospitals have been sent to the office of the Surgeon-General of the Navy:

Navy Base Hospital No. 2 (San Francisco), Elizabeth Hogue, chief nurse.

Navy Base Hospital No. 3 (Los Angeles), Sue Dauser, chief nurse.

Navy Base Hospital No. 4 (Providence, R. I.), Grace L. McIntyre, chief nurse.

The following Naval Station Hospital Units have been organized or are under the process of organization.

Naval Station Unit No. 1 (St. Margaret's Hospital, Pittsburgh), Grace Anthony, chief nurse.

Naval Station Unit No. 2 (St. Agnes' Hospital, Philadelphia), Catherine Moran, chief nurse.

Naval Station Unit No. 3 (Mountainside Hospital, Montclair, N. J.), Blanche Kennedy, chief nurse.

Naval Station Unit No. 4 (St. Mary's Hospital, Columbus), Helen Grady, chief nurse.

Naval Station Unit No. 5 (Grant Hospital, Columbus), Carrie Churchill, chief nurse.

Naval Station Unit No. 6 (Seton Infirmary, Austin, Texas), Nell Freund, chief nurse.

Two additional units, No. 7 at Toledo and No. 8 at Atlanta have been authorized, but so far the chief nurses have not been selected. A Naval Station Unit consists of from ten to twenty nurses. The papers of fifty-eight nurses attached to the above mentioned Naval Station Units have been sent to the Surgeon-General's office.

Twenty-two Hospital Units have been organized consisting of twenty-one nurses. Only one of these has been assigned to duty, Hospital Unit N., organized around the Flower Hospital, New York, Jane Powers, chief nurse. This unit was assigned to duty at Fort Ontario, Oswego, N. Y.

From the Navy Detachments which are organized by nurses without medical or enlisted personnel, the papers of 108 nurses have been sent to the Surgeon-General's office since July 1, 1917.

From the Emergency Detachments which are organized by committees and individuals without any medical or enlisted personnel, the papers of 298 nurses have been sent to the Surgeon-General's office since July 1, 1917. Nurses from these groups have been used for the military hospitals on the Mexican Border, cantonment service and a few have been detailed to base hospitals in order to complete the personnel. Since the first of September a large number of nurses has been assigned to the cantonments.

The total number of nurses assigned to duty both in this country and abroad since the first of May is as follows:

Base Hospitals, Army and Navy.....	1800
Hospital Units (Army).....	21
Navy Station Units.....	58
Navy detachments*.....	495
Emergency detachments.....	450
Special units.....	71
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* In this case it does not necessarily follow that 495 nurses have been assigned to duty, as 115 papers have been returned to Red Cross Headquarters for physical rejection and other reasons.

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OUTDOOR UNIFORM SUPPLIED BY RED CROSS TO NURSES ASSIGNED TO MILITARY UNITS. RECENTLY CHANGED TO COAT AND SKIRT BY ARMY



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TO MILITARY UNITS FOR SERVICE ABROAD. BRASSARDS NOT USED

Base Hospital No. 2, Presbyterian Hospital, New York City, and Base Hospital No. 5, Peter Bent Brigham of Boston, have been the victims of Zeppelin raids. We regret to state that Beatrice MacDonald (Base Hospital No. 2) has lost her right eye, due to a fragment of shrapnel which penetrated the cheek and lower eyelid and entered the ball of the eye. The latest report states that Miss MacDonald, in spite of the seriousness of the accident, is in wonderful spirits and doing well. The cable to the Red Cross War Council states that an American nurse at Base Hospital No. 5, although struck in the face by a fragment of steel, refused to be released and remained at her task courageously to the end. We regret that the name of the nurse was not included. All reports state that the nurses during this frightful experience, were calm and displayed the highest type of courage.

It may be of interest to the readers of the JOURNAL to know that the first six base hospitals were detailed to the British Expeditionary Forces. These were the Lakeside of Cleveland, the Peter Bent Brigham of Boston, the Presbyterian of New York, the Barnes of St. Louis, the Pennsylvania of Philadelphia and the Northwestern of Chicago. These entered hospitals which had been nursed by the members of the English Army Nurse Corps. All reports state that the transfer from the English to the American personnel was accomplished, difficult as it must have been, in a comparatively short time with absolutely no friction. Letters from the chief nurses state that the health of the nurses, not only in these hospitals, but in those detailed to the American Expeditionary Forces, has been excellent. Very few cases of illness have been reported and those were of a very minor character.

Nurses will be interested to learn that the Army Nurse Corps has adopted a grey uniform with soft collars and cuffs for service abroad. The grey Japanese crepe which was formerly used by the Red Cross is being used for this purpose and all the units in Europe are being supplied as rapidly as possible with these, the expense being borne by the Red Cross. The Red Cross provides, free of cost to the nurses, the outdoor uniform, a long, heavy ulster, a cape, cap and hat, and also four grey uniforms with soft collars and cuffs, sleeve links and a steamer rug. The color of the uniform is blue, it presents a very dignified appearance. Recent advices from the Surgeon General state that in the future all units should be provided with the regulation Army Nurse Corps uniform which consists of a Norfolk jacket and skirt of the same color. The coat and hat have not been changed. Nurses assigned to service in the United States wear the regulation white uniform of the Army Nurse Corps and the Red Cross cap and cape. The Surgeon-General, however, has requested that the Red

Cross be removed from the cape. The brassard is not used, as this is issued when indicated by the military establishment. Red Cross units, however, detailed to foreign service, or elsewhere as the case may be, will continue to utilize the uniform as shown in the pages of the JOURNAL.

A communication has recently been sent to chief nurses of all the Army and Navy hospitals in the United States to which Red Cross nurses have been assigned, asking them to collect the brassards and the crosses that were attached to the capes. The nurses will please bear in mind that this is a military order and it is hoped they will accept it in the spirit in which it is sent. It does not change their relation to the Red Cross, nor to the military establishment. Nurses assigned to the government may wear the Red Cross cap and cape, without the cross, and also the Red Cross pin. The insignia of the Army and Navy, including the letters U. S., may be issued to nurses serving with the military establishment. The chief nurses of all the units report that the rain and mud in France make it absolutely necessary to provide the units with rubber boots, raincoats and rain hats, as illustrated.

It is interesting to know that some of the hospitals in France are in public buildings,—hotels, villas, casinos—and others in tents, or in very loosely constructed shacks. They report inadequate laundry facilities and one chief nurse states, "In this town the laundry is done in a little fresh water stream flowing into the channel and is dried on the beach. Soap is at an exorbitant price and starch difficult to obtain." It would appear that soap would be a very acceptable present to send to our nurses in Europe.

Another chief nurse reports that "our outdoor uniform has received great praise both here and in England. We have been told that it is quite the smartest of any uniform being worn by nurses."

Miss Allison reports: "It may surprise you to know that we have electric lights in our huts and porcelain tubs which will be very much appreciated as soon as heating accommodations have been arranged. I think our family is looking very well and so far we have had no illness other than that of seasickness and a little indisposition following the inoculation of the paratyphoid serum."

Miss Vroom of the New York Unit writes: "We are having daily setting up exercises and drill." She also suggests a sweater of uniform color and states that "one sees here every color of the rainbow." We are suggesting to the units not yet mobilized that all sweaters should be of heavy grey wool.

Miss Dunlop gives a description of their entertainment in London where apparently they, as well as the other units, received much atten-

tion and were treated with every courtesy and consideration. She speaks of the English matron who had charge of the hospitals to which she was assigned as "one of God's own," and further states that the English nurses turned out and "let us have their beds, as we arrived late at night after a weary day's journey and being without even hand luggage we were a sorry lot. Our hand luggage did not reach us until the next night. She further states that "the hospital is huge, with 2000 beds" and that "last week we had 1992 patients." "It is divided into surgical and medical divisions and we also have a big isolation department which is a hospital in itself, taking infectious diseases from all this area." She further states that on this great cliff "we have four big hospitals, two English, one Canadian and one American. We did the nursing of this place with those serious surgical cases and that frightful gas convoy with 62 nurses and 18 aids (these were British) night and day, so you can readily understand why I did not write. In one week we admitted between 1300 and 1400 patients." She speaks of the patients as being remarkable in every way; seriously injured but never grumbling and that the nurses of necessity do many of the dressings and have grown very expert at it.

Miss Urch writes very interestingly of her work and states that the London Chapter of the American Red Cross has supplied them with rubber boots and woolen sleeping bags, as well as with dishes and a fireless cooker for the nurses' mess, and that the British Red Cross sends a representative every week to get a list of supplies needed for the comfort of the patients. She also reports that the hospital had been besieged by "wind" and as it was located on a slight elevation, fared very badly, many of the tents being blown down so that it was necessary to move the patients about. The nurses are busy and happy and in very good health.

Mary L. Francis of the Roosevelt Hospital states that they arrived in France after an uneventful trip lasting almost three weeks, and although they had only four hours in London, Lord Thurston gave a luncheon at the Savoy, where Miss Sidney Browne, matron in chief of the Territorial Forces, made a short speech of welcome.

Miss McLaughlin of the Detroit Base Hospital states: "We are situated in a very beautiful part of the country and it is impossible to convey to you the gratitude and appreciation of the people." She suggests that each nurse provide herself with a dark bungalow apron which may be worn, if necessary, not on duty, but in her own quarters, where the nurses are obliged to do much of the cleaning.

Bessie Baker of the Johns Hopkins, writes: "We are in frame buildings, very small, inadequate stove service, fuel scarce, water not only

scarce but, we are told, the pipes all freeze in winter. We have had a little taste of what it would be owing to the fact that it has rained constantly the last four or five days. I am very sorry that we are not allowed to tell you anything about our trip over or subsequent adventures but we have already started a scrap book and, if we are not too busy, we hope to keep some track of the happenings of the unit. Naturally we feel that we have the nicest unit that has yet come over, but of this I am sure, no one could have a more loyal or more coöperative unit and we are endeavoring to make a record of which you will be proud. We actually are at work now, which seems nice to us, as we were all anxious to get to work."

Miss Stimson of the Barnes Base Hospital Unit states: "Our living conditions are rather primitive, but they are far more comfortable than I had any idea they would be. We are housed in long huts which are divided into cubicles. The partitions are canvas or thin wood that do not reach the ceiling. Each nurse has a cubicle. The only way of heating is by small stoves." She also mentions the inadequate supply of bathing water and bathing facilities. She says: "This is a wonderful place and we are so glad that we are here and that the Red Cross gave us the chance to come out and have a little hand in the big things that are being done." They are apparently located on a race-track which is covered by hospital tents. She also speaks very kindly of the English matron who stayed with her a week, and states that the officers are under the grandstand of the race-track and that many of our men sleep on the stands which are roofed over.

The following list submitted contains suggestions for Christmas gifts for the nurses: Letters, snapshot pictures of "Folks Back Home," arctics or snowboots, woolen bedsocks, hard candy, sweet chocolate, loaf sugar, mittens, paper, pencils, pinball, woolen scarf, sleeveless jackets, soap, tooth paste or powder, towels, wristlets, warm gloves, fountain pen, handkerchiefs, hot water bag, housewife, ink in wooden bottles, ink tablets, needles and needle case, playing cards, puzzles, rubbers, warm stockings, toilet powders and creams, tooth brush, underwear, wash cloths.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

CITIZENS OF THE WORLD

The war is teaching many lessons, all of which could have been learned under a less terrible master, if we did not close our eyes, and one is that nurses of all the British Dominions are realizing their common citizenship in the one nation whose central point is Great Britain. Australian, Canadian and New Zealand nurses have had pressed on their attention the far greater difficulties those at home in England have met, in their efforts at professional advancement. As yet they have not gained the political status of the Colonials, nor have they been able to protect their professional standards as well. Soon, however, these disabilities will be lessened. Upon the final passage of the bill in Parliament, dealing among other things with woman suffrage (which cannot possibly fail as everyone agrees, because the war for England has concededly been saved by the work of women), many nurses will attain the Parliamentary vote, and can begin to organize afresh for the aims of good nursing education, in exerting unitedly their political power.

The franchise promised to English women still seems strangely grudging in comparison with the debt the country owes them: besides the residence qualification (which is fair and equal, as it also applies to men), they are to be held back until they are thirty years old. Yet in spite of this jealous discrimination the women of England will secure an immense advantage from which to work for complete equality. Nurses on institution staffs will not possess the vote, because they do not pay board, and this is a great pity, for it is often just those nurses who gain a wider public view of the needs of their entire profession, both nationally and internationally, and are better able to devote part of their time to the larger nursing affairs. All nurses, however, who pay rent or board, on reaching thirty, may qualify; and this will include, happily, such groups as school and municipal and health conserving nurses and all those intelligently organized ones who live in coöperative nursing homes where each one pays for her room. Many private duty nurses can thus qualify, if they will, but alas! if private duty abroad is no more stimulating to outside interests than it is here, we fear that the number of keen, active voters and workers for good government

and self-government in the ranks of nursing will be small, and that the British campaign for state registration will still be carried on by the faithful few who have borne the entire burden in the past. Nevertheless, those few, we are convinced, will lead the way to victory, and already their souls are cheered by the light coming toward them.

The self-governing groups of nurses are all holding aloof from the College of Nursing in the matter of state registration, and will, if necessary, introduce their own bill into Parliament rather than recognize it so long as nurses are not properly represented on its controlling body. (There are right and wrong ways of being on Boards!) Many interesting, large questions will be open for nurses to share in.

The *British Journal of Nursing*, that many sided, broadly interested organ of the "Intelligentsia," in its issue of September 8, announces the formation of a new political party to be headed by those who are sick of the corruption and selfish shortsightedness of partisan politics. It is to be called the National Party, and one of its supporters in Parliament is Lord Amphil who so well championed the Nurses' Registration Act a few years ago. Its planks are such as to attract many women, and we hope that nurses will adhere to it in numbers, for it looks toward a unified and intelligent national plan, and it would be too sad if the new citizens merely joined the decayed old parties and became mouthpieces for the stale, old cries of clan warfare. It is our belief that only through a higher form of nationalism can the world arrive finally at the ideal—true, genuine internationalism based on universal justice, regard for the rights of others, chivalrous defence of the weak, and respect for human personality. But war does not instil these ideals, and earnestly do we hope that after the war women will reject once and for all the leading strings put upon peoples in the past by groups of selfish, irresponsible rulers. (We mean not only kings and emperors: there are others of their kind who have no titles.)

Cancer of the digestive system is difficult of early diagnosis and therefore unfavorable in prognosis. All persistent and recurring indigestions (more especially if attended by change of color and loss of weight) and any bleeding or offensive discharges demand prompt and thorough investigation. Do not wait for a positive diagnosis.

Cancer of the skin. Any warts, moles or birthmarks which enlarge, change color, or become irritated should be removed promptly. They are likely to become cancer. Do not wait for a positive diagnosis.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

MINNESOTA.—*The Minnesota Health Journal*, published monthly by the Minnesota Public Health Association, is of special interest to local and all other public health nurses, because its topics are so very timely and up to date, and also because it gives the name, address and organization of every public health nurse throughout the state, with the exception of those working in large centers. Where two or more nurses are in the field, simply the number and the agency supporting their work are given. The September bulletin lists 138 public health nurses and undoubtedly more will be listed from time to time, for Minnesota is rapidly forging ahead in state public health work. Seven of these 138 nurses are doing county rural work.

In the September bulletin, special mention is made of the Mississippi Valley Conference for Tuberculosis Workers. Its fifth annual meeting has just been held in Minneapolis, and since its organization, five other sectional meetings have been formed for the New England, North Atlantic, Southern, Southwestern and Pacific states. These sectional meetings have been of tremendous help and significance in strengthening tuberculosis work throughout the whole country. Now that the examination of men for our army is daily bringing to light new cases of tuberculosis, 10,000 at least being one estimate, we cannot be too much interested in local tuberculosis work, not merely in seeing that new centers for it are created, but that old ones are strengthened and provided with more workers. To quote briefly from an article entitled, "The Value of the Tuberculosis Conference," by Mr. Jacobs, Assistant Secretary of the National Association for the Study and Prevention of Tuberculosis, the following is what nurses may anticipate when the machinery of the army is really in active motion:

While in one sense it may be said that the war has created new problems, in another very real sense it may be said that these problems are not new but rather that they are an intensification or an expansion of the many old problems that have confronted the tuberculosis movement for years. The need is not so much for new machinery, but rather for more of the various things that we have worked out as the proper ways and means of controlling tuberculosis. If for example, the need has been acute for hospital beds, in the next year it will be more acute. If there has been a call for visiting nurses, we will need more of them than ever before. If dispensaries have been lacking, the lack will be more painfully evidenced in the next six months than heretofore. If vital statistics have been

faulty, the necessity for making them accurate is all the more imminent and pressing upon us. Every problem that anti-tuberculosis workers have confronted in the last ten years is to be made doubly acute and is pressing the harder for a solution.

In a recent number of the JOURNAL we stated in this department that tuberculosis was not receiving so much interest now as was given it five years ago. That statement was made directly for and at nurses. It has been challenged by a physician who feels that the citizens of the United States were never so alive to tuberculosis problems as they are today. Physicians may be; lay-workers may be; some nurses may be; the number of organizations, of dispensaries, of hospital beds, is slowly but steadily increasing; nevertheless the fact remains that in some communities tuberculosis is almost lost sight of because general visiting nursing is supposed to be able to handle all the special problems which a partially-trained public health nurse encounters. Those of us who have had friends in some of our most representative sanatoria know that hospital social service may be practiced in district homes, but precious little of it is practiced in many of our state and private institutions for the care of pulmonary cases. We know, too, that the ability of the average graduate nurse to do intelligent tuberculosis work is taken for granted, she is not trained for it, she is not supervised for it, she is not made to feel that nothing but intensive study and effort on her part will make her of any value in the solution of this, our biggest national problem. We are not denying that more and more interest is apparently being taken in the question of tuberculosis, but we do feel that nurses in sanatoria, nurses in the public health field, pupil nurses in training can be given a great deal of far more intensive instruction and practical work in the care of all grades and stages of tuberculosis patients before we, as nurses, can begin to do our right share in this field.

NEBRASKA.—The Visiting Nurse Association of Omaha held its annual tag day on September 5. Never before has the public been so generous to the Visiting Nurse Association; \$5612.80 was realized. While the figures were more gratifying, a phase of the day that was quite as pleasing to the tireless workers was the "esprit de corps" of those tagged.

Nine nurses have been added to the staff of Omaha school nurses this year, making a total of eighteen. Last year but nine were employed. Charlotte Townsend is the supervisor of nurses.

Katherine Sweeney, who for six years has been a member of the Visiting Nurse staff of Omaha, resigned the middle of September to accept a position in the Dispensary of the Creighton Medical College.

Again this year, the Nurses' Central Club and Registry has arranged a course of lectures known as the 1917 Post Graduate Course of Lectures. These will be given by Omaha physicians and it is hoped that the course will be very helpful, not only to nurses but to many of those who have taken some of the courses prescribed by the Red Cross and who wish to know more on the subjects.

Lincoln has added a nurse to the staff doing school work, three nurses are now employed.

NORTH DAKOTA.—There are six public health nurses at work in North Dakota, but the state has a new law authorizing the appointment of county school nurses who are to work under the county health officers and the county superintendents of schools, therefore North Dakota nurses are hopeful that public health nursing is now going to mean a great deal to the citizens of their state.

Mae McCulloch (City Hospital, Lansing, Mich.) is doing general visiting nursing for the Associated Charities of Grand Forks. She is meeting with friendly assistance and coöperation from doctors, business men and club women. At first it seemed as if local work would suffer because everyone was so interested in the Red Cross, but it is proving that everyone is a little more interested in local work because of their bigger interest in the national organization. In September, a Child's Welfare Station and a Little Mothers' Class at the University Settlement House, were started, and during the past winter and spring, a Mothers' Sewing Society was held one afternoon a week.

Agnes Kloman has been school nurse in Fargo for a year.

Mrs. E. H. Bliss (Asbury Hospital, Minneapolis, Minn.) has been visiting nurse in Fargo for a little more than a year.

Leila Halvorson (Luther Hospital, St. Paul, Minn.) has been school nurse in Grand Forks for five years.

Mabel Fodness (St. Michael's Hospital, Grand Forks), school nurse for Grand Forks County for three years, has recently resigned to take a position with the Anti-Tuberculosis Association and the State Board of Health.

Rose R. Schaub (Jewish Hospital, Philadelphia) is a Red Cross Town and Country nurse in LaMoure County.

Mona Nyberg (Swedish Hospital, Minneapolis, Minn.), resident nurse at the State University in 1916-17, has resigned to go to France with the Minneapolis Base Hospital Unit.

SOUTH DAKOTA.—Nell Peterson (St. Joseph's Hospital, St. Paul) is school nurse in Sioux Falls, S. D., and Miss Dietz (St. Joseph's Hospital, St. Paul) is school nurse in Watertown, S. D.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

DIET IN EPILEPSY.—In an interesting article in the *Journal of the American Medical Association* on the treatment of epilepsy, the author says the diet of the epileptic should be generous and varied, but he should eat moderately. Foods permitted include fresh meat, poultry, fish, eggs, cooked vegetables, cooked fruits, wheat bread, light cakes, tea and coffee. Things prohibited include oatmeal, cornmeal, bran bread, popcorn, hominy, most breakfast porridges and the bulky foods that are so much recommended as laxatives. These are useful for this purpose because they mechanically irritate the intestine and thus indirectly irritate a sensitive skin, or sensitive nervous system. They generally contain the wrong kind of protein and a great excess of starch. Nuts are especially prohibited; salt is restricted to a very small amount and salt meats are forbidden. Apples and bananas are dangerous. Pastry, heavy puddings, and rich dishes must be avoided. Alcohol and tobacco are not for the epileptic.

VOMITING DURING PREGNANCY.—A writer in the *Texas State Journal of Medicine* says the pregnant women who vomits must take her breakfast in bed and remain there for one or two hours afterwards. She should eat whatever she wants at any time during the day, even immediately after vomiting. If a vaginal examination shows that she is normal, she is to be let alone. Large doses of bi-carbonate of soda, 1 dram to 8 ounces of water, should be given six times daily.

OBESITY.—In a paper on this subject in the *Practitioner* it is stated that breathing exercises are of value in reducing weight, as they increase blood oxygenation and so promote fat absorption. Self-restraint in eating is very necessary. A diet rich in cellulose, such as cabbage, celery, spinach, etc., will stay the pangs of hunger. Laxative mineral waters diminish the absorption of food from the intestines.

ALCOHOL SOAP.—A French medical journal describes the composition of solid alcohol as used in the trenches. It is prepared by adding 150 grams of dry, finely scraped Castile soap to 500 cc. of lamp alcohol and 12 grams of shellac. This is shaken well, heated in a water bath and poured into molds to harden. It lights when touched with a match and can be used in cleansing hands and the field of operation.

BOILING WATER TREATMENT OF GOITER.—The *Journal of the American Medical Association* quoting from a Buenos Aires medical

journal, describes the treatment of exophthalmic goiter by hypodermic injections of boiling water. Ten cubic centimeters was injected alternately into each one of the lobes of the thyroid at different points each week. There is no danger, merely a sensation of burning, most marked in the skin. There is sometimes an inflammatory reaction, which soon subsides under cooling compresses. Marked improvement follows, the nervousness subsides, the heart action improves, the protrusion of the eyeballs lessens and the goiter diminishes. Menstruation becomes regular and the patients gain from 4 to 13 pounds in weight. A trial of this method is recommended before operating, when other medical measures have failed.

SALT IN THE PRODUCTION OF CANCER.—A writer in the *Medical Record* advances the theory that cancer arises from the constant presence of an abnormal amount of sodium chloride in the tissues. It would require many years of salt consumption before its ill effects would be manifest and cancer is a disease of later life. It is also one of the ills of civilization, primitive peoples do not use salt with their food.

A CONSOLIDATED NURSING SERVICE.—Dr. Creighton Barker, writing in the same journal, recommends that the various branches of district nursing in cities should be consolidated under one administrative head. Instead of having various private visiting nurse associations, as for tuberculosis, child-welfare, maternity work, etc., duplication of effort would be avoided by having a central organization under a competent director of nursing service, a woman who should direct and instruct the nurses, formulate policies, construct work-programmes, and in conjunction with the health officer, map out and execute educational campaigns. The health department should employ the nurses and be responsible for their salaries.

MATERNAL DIET AND MILK PRODUCTION.—The *Journal of the American Medical Association* in an editorial on this subject says when a lactating animal is secreting milk the protein which this fluid contains must be derived either from the proteins of the diet or from the tissue proteins. If the ration fails to contribute the adequate quota, the body must respond with its own resources, otherwise the supply of milk will fail. The diet of the first three or four weeks of the puerperium is based too much on what may be called sick-room specialties, broths, gruels, tidbits of one kind or another, which are not sufficient to support an increasing production of milk. A generous mixed diet, including nuts, milk, meat, eggs, cereals, vegetables and fruits, furnishes the potential factors for the maximum milk production. Milk itself is particularly recommended as an adjunct.

REDUCTION IN WEIGHT OF THE NEW BORN.—An Italian medical journal states that during a series of observations at the Turin Maternity Hospital it was found that there was always a loss of weight in infants, reaching its height on the second or third day. This is believed to be due to the great elimination of water from the lungs and skin owing to the changed conditions of existence. It has no connection with the form of the feeding or degree of development. In the majority of breast-fed infants the weight rises again the third or fourth day, reaching the birth level by the end of the week, or during the second week at the latest.

FRACTURE OF THE LEG.—A Swedish medical journal gives some interesting statistics on this subject. In analyzing a number of cases, it was found that with a simple fracture of the fibula the leg could be used in one or two months; after an abduction fracture and bimalleolar fracture four months were required. Fracture of the shaft of the tibia required six months and fracture of the tibia condyles, fifteen months for restoration. Good functional healing occurred in 93.5 per cent. A plaster cast was applied in all but about 5 per cent.

DRAINAGE IN PUERPERAL MASTITIS.—The *Journal of the American Medical Association*, quoting from an Italian medical journal, mentions the filiform method of draining a breast abscess by means of thread, silver wire, or a very fine bougie. The thread was drawn through the abscess, using as many as necessary. The dressings were soaked with pus and changed twice a day. Relief was prompt and healing soon followed without the damage from an incision and the woman was able to nurse her child early. Silk worm gut was also proved efficacious.

WOMEN INTERNES IN SANATORIUM.—On account of shortage of men, due to war conditions, women internes have been attached to the staff of the Pennsylvania State Sanatorium, Mont Alto.

DENTAL CARIES.—The *Journal of the American Medical Association* says in an editorial that a recent investigator has contributed evidence of the unreliability of two of the more popular impressions about the teeth. One is that the teeth of primitive races are relatively immune to caries, a fact not borne out by investigation. The second is that decay of the teeth is associated with a diet in which carbohydrates preponderate. Protein eating peoples are apparently quite as susceptible to these defects. Meat eaters have no advantage over vegetarians.

AUTOMOBILE ACCIDENTS.—It is stated that nearly as many persons are killed yearly by automobiles as by surface cars, subway trains, elevated trains, bicycles, and horse-drawn vehicles all combined.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

THE TRAINING OF ATTENDANTS

DEAR EDITOR: The problem of training the attendant seems to be one of the most important of those to be solved today. I know the conditions in this part of the country and know that there is an opening in practically every town in New England, and this is doubtless the case throughout the whole country, for nurses who charge from ten to fifteen dollars a week, not over. In the rural districts and small towns there are hundreds of families whose wage-earner brings home from ten to fifteen dollars a week, supplementing their income with the products of their small gardens. When sickness comes to such a family the nursing problem is particularly difficult. The physician can and in many cases must wait for his pay, but the nurse must be paid. It is an absolute impossibility for such a family to pay from \$21 to \$25 a week for a nurse. If the case proves to be a surgical one (and these are a very small per cent of the cases) the patient is sometimes conveyed to the nearest city hospital by the hospital ambulance or a mortgage is put on the house if they own one or the money is borrowed by note and a trained nurse hired. The problem of housework is not as important as is usually stated. If there are any children, some neighbor or relative usually comes in to help with this part of the work and to do the cooking or they take the children to their own homes and come in for a few hours to help out. The chief problem is to secure a nurse and in every town this old question is put up. There are usually two or three women without the slightest knowledge of nursing who, nevertheless, "go out" and take cases, kind-hearted women who do a great deal of good and a great deal of harm. There are also, scattered throughout New England, small hospitals of from ten to twenty beds. These hospitals do not run a training school as the law in most states requires at least twenty-five beds. These hospitals employ graduates, paying them from \$40 to \$60 a month. They are apt to be poor examples of the nursing profession, those who have not made good on private duty and who like the easier hours and freedom from restraint afforded by the smaller institution. I am going to use one town and one hospital that I know well as an example. The town has a population of about 2500 people, augmented in summer by crowds of summer residents. It has a shoe factory and several small mills and industries of one variety or another. A former resident gave money to start a hospital and endowed it to some extent. The townspeople are generous and there is a hospital aid that keeps the hospital supplies in first-class condition. The hospital has twelve beds, an excellent operating room, and is well equipped. The beds are well filled all the year round. Three nurses are employed, first, a working superintendent, paid \$50 a month; a day and a night nurse, each receiving \$45. The town has no district nurse and every woman who will "go out" is in demand. The five doctors are continually sending to the city for nurses to supply the need. Now why could not these two conditions be improved at the same time? There are girls in that town and in the surrounding towns who could and would spend

from six months to a year in the hospital if their board and uniforms were furnished, though they could not afford nor are they educationally fitted for a regular three years' course. They would learn enough in that time to make them of value to themselves and to the community. Mind, there is danger at any time of these same girls giving up their work in the factories or of girls and young women who are doing housework and sewing taking cases because "they always liked to take care of sick folks" or "always wanted to nurse" and they are sure of getting plenty of work, too. The hospital could, I think, pay more for an efficient superintendent who could take the theoretical and practical training of these attendants or whatever they are to be called, directly into her own hands. Possibly they could dispense with one of the graduates, though I do not see how, but they could add the district work to the hospital work and with four or five girls in training, do wonders for the health and happiness of the community and help the girls themselves to a womanly, self-supporting profession. There is danger, I will admit, of girls thus trained posing as graduates and after a little while objecting to receiving the same pay as the old-style "practical nurse." This danger is not of any more importance than at present, when in spite of laws and registration, dozens of women are masquerading as trained nurses, changing the name of the hospital where they trained whenever they are cornered, or of rejected probationers who are receiving the same pay as graduates. These girls could be given a certificate of their work and fill a special place in the world that a graduate could never take. I think it would be far easier to train this class of nurses by themselves than to mix them with the nurses in regular training in a large training school where the distinctions drawn are bound to breed discontent and trouble. Another objection is that these small hospitals do not provide the opportunity of observing several patients suffering from the same disease. This does not seem an adequate objection to me. In the report of a certain hospital in this state last year, a hospital of seventy-five beds, there were reported ninety-six operations and thirteen confinements, and yet this hospital turns out from twelve to fifteen nurses each year all eligible for state registration. I wish I had at hand the statistics of operations and confinements in the small hospital that I am using for an example but I know that it averages very well with this registered hospital and that there are more obstetrical cases, if not as many operations. Besides all this, a large proportion of the operating is done by Boston surgeons of the highest reputation, while in the seventy-five bed hospital, a county institution, the operating and all the hospital work is done by one physician. I think that the opportunity of working under a number of doctors would far offset the smaller number of patients. It does not seem feasible to give these nurses the operating-room training more than to have them act as second or third assistants to teach them the value and necessity of surgical cleanliness. I want to emphasize especially the importance of thorough training in obstetrics, as this is the class of cases for which nurses are always in demand. These cases do not go by times or seasons as do typhoid and pneumonia and the Dutchess County canvass is only typical of the whole country. It is absolutely impossible to estimate the number of cases which have practically no care. The course, as I have thought it out, should dispense with unnecessary information and great stress should be laid on the fundamental points. It should include in the theory a simple course in anatomy, hygiene and materia medica, such as is usually given to probationers in a large hospital. This teaches the names and uses of the various parts of the body, the names of the common

drugs and the proper way to measure and administer them. The pupils should be taught how to take temperature, pulse and respiration and to do simple charting, enough to give the physician a general idea of what has happened since his last visit. They should be taught to make and apply poultices, make and change beds, give bed baths, douches and enemata and to care for helpless patients in bed. This course must include the care of mother and baby and the proper method of preparing and serving a tray, and so must include, necessarily, a course in invalid cookery. Everyone knows how to wash dishes and to sweep and dust, which is the usual housework that an emergency adds to the nurse's work whether she is a practical nurse or a graduate. I advise a one year's course and the attendant in the last three months could take cases under the direction of the superintendent or of one of the graduates who should visit the case each day. The money received from these cases would go to the hospital or a part of it, at least. Valuable experience would be gained by assisting in the district work and this added to the hospital work would, it seems to me, in a year's time, equip the woman sufficiently to make her a valuable assistant to the physician. It may seem a great deal to crowd into one year, or a part of one, but if we look back ourselves on our own training and think how little we knew when we began and how much we had learned at the end of the first three or six months, besides the classes and lectures galore that we carried, it will not seem so very impossible. It seems to me that the hospital has more to accomplish in the community than simply providing employment for nurses. It ought to be a power for good and what could be a finer mission than filling the need for attendant nurses for the families urgently needing care? The cases are all too common, which go wrong because no one knows the right thing to do. Nor do I know of a more splendid thing to do than to be the head of such a nursing center as this. The opportunities for good are unlimited; the hospitals are already started and the demand is a crying one, but there is no supply. I have called these girls attendants but I do not think that this is a fitting name. They are nurses in every sense of the word but there should be some distinguishing adjective before the noun, what I do not know. How infinitely superior this class of nurses would be to the correspondence school variety! The nurses trained in large hospitals and who have known only nursing conditions in large cities cannot understand these country conditions. The Red Cross Town and Country work is doing its best but it does not cover the whole problem. This is not a solution, far from it, but merely a suggestion. I have no doubt there would be objections by the hundred but I do not notice that any one has solved the problem as yet and I wish that something might be done to supply the need for less expensive nurses.

New Hampshire.

J. C. F.

WAR CONDITIONS

DEAR EDITOR: The quotation from Mrs. Humphrey Ward in the article "The Prevention of Disease of Infants and Children," in the July number of this JOURNAL, has been very interesting to me, that the shortage of food is not always where the trouble lies, but that the fuel question as well as that of mind plays a large part. After fifteen months in one of the European warring countries, I can testify to having met the same condition, not only in England but right here in our own country. The question is a tremendous one and it will take time and patience to educate the mother (and the father also, which is by no means the easiest, for in many cases he is the chief stumbling block) to

the extent that they will understand that even if it does cost a little more mind effort and fuel, a well-cooked porridge (for breakfast) and the simply prepared vegetables and fruits (the mineral salts so badly needed in many cases) are the essentials towards building up a healthy, happy nation. From observations made in my public health work, and I am certain it must be the experience of all, I found that many cases of chorea are the indirect, if not the direct, result of improper feeding. How well the "proper feeding" question in the poliomyelitis epidemic last year manifested itself, need not be mentioned in detail here. It is sufficient to say that a large percentage of human ailments is caused by improper diet.

New York.

B. H. B., R.N.

TOO LATE FOR CLASSIFICATION

The New Jersey State Board of Examiners of Nurses will hold examinations for graduate nurses in the State House, Trenton, on November 27. Applications must be filed fifteen days prior to that date. Information and application blanks can be procured from the secretary-treasurer, Jennie M. Shaw, R. N., 139 North 12th Street, Newark, N. J.

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NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

At a directors' meeting held in New York, October 12, the following applications for membership were accepted: Wyoming State Association; Trained Nurses' Association of Denver, Denver, Colo.; Youngstown Graduate Nurses' Association, Youngstown, Ohio; the alumnae associations of the following hospitals: Altoona, Altoona, Pa., Braddock, Braddock, Pa., Bryn Mawr, Bryn Mawr, Pa., Chester County Hospital, West Chester, Pa., Chicago Union, Chicago, Ill., Children's Memorial, Chicago, Ill., Conemaugh Valley, Johnstown, Pa., Glenville, Cleveland, O., Harrisburg, Harrisburg, Pa., Hahnemann, Scranton, Pa., Joseph Price, Philadelphia, Pa., Malden, Malden, Mass., St. Catherine's, Brooklyn, N. Y., St. Francis, La Crosse, Wis., St. Vincent's Charity, Cleveland, O., Somerville, Somerville, Mass., Suburban General, Bellevue, Pa., Warren State, Warren, Pa., White Plains, White Plains, N. Y. Arrangements for the convention next spring were discussed and the report of the Arrangements Committee were accepted which are for a four-day convention, for the week beginning May 5th. The interstate secretary chosen by the directors of the Association, the League and the JOURNAL Board was Adda Eldredge of New York, who will begin her duties as promptly as it is possible to make arrangements. Her headquarters will be at the editorial office of the JOURNAL and letters may be addressed to her there (45 South Union Street, Rochester, N. Y.).

REPORT OF THE ROBB FUND COMMITTEE

October 11, 1917

Previously acknowledged.....	\$25,856.24
Clara Frances Fisher, German Hospital, Kansas City, Mo.....	5.00
Sadie W. Converse, Teachers College, Columbia University, New York City.....	10.00
Annie W. Goodrich, Teachers College, Columbia University, New York City.....	10.00
Oklahoma State Association Graduate Nurses, Oklahoma, Okla.....	10.00
Jefferson County Graduate Nurses' Club, Louisville, Ky., through Joe O'Connor.....	10.00
Alumnae Association of German Hospital, New York City.....	10.10
Stamford Hospital Alumnae Association, Stamford, Conn., through Mary F. Walsh.....	10.00
Graduate Nurses' Association of Connecticut, through Elizabeth A. Somers, Treas., Waterbury, Conn.....	20.00
Nurses' Alumnae Association, German Hospital, Philadelphia.....	10.00
White Plains Hospital Alumnae Association, by Anna E. Romer.....	10.00
Mary W. McKechnie, Orange, N. J.....	5.00
Alumnae Association, Somerville Hospital, Somerville, Mass.....	5.00
Butler Hospital Alumnae Association, Providence, R. I.....	15.00
Esther A. Montague, Rochester, N. Y.....	1.25

Eva Johnson, for California Hospital Alumnae Association, Los Angeles, Calif.....	\$5.00
Nurses' Alumnae Association, Central Maine General Hospital, Lewiston, Me.....	11.00
Nurses in Training, Central Maine General Hospital, Lewiston, Me.,	6.25
Zayde Ives, through Edith C. Jones, Grace Hospital, Detroit, Mich.,	1.00
Grace Bowes, through Edith C. Jones, Grace Hospital, Detroit, Mich.....	1.00
Beatrice Waterfall, Newton, Mass.....	5.00
The Hebrew Hospital Alumnae Association, through Mary S. Stumff, Baltimore, Md.....	5.00
Rebecca Cangbey, Cloverdale, Calif., through Pennsylvania Hospital Alumnae.....	1.00
Mrs. L. E. Gretter, Detroit, Mich.....	10.00
Alumnae Association, Newark City Hospital, Newark, N. J.....	10.00
Mrs. Mary E. Rohde, Binghamton, N. Y.....	1.00
Milwaukee County Hospital Alumnae Association, Wauwatosa, Wis...	5.00
Alumnae Association Episcopal Hospital, Philadelphia, Pa.....	25.00

\$26,073.84

MARY M. RIDDLE, *Treasurer.*

THE MCISAAC LOAN FUND

At a meeting of the Isabel Hampton Robb Memorial Fund Committee, held in New York City, October 12, tentative rules for the administration of the McIsaac Fund were adopted, that the amount of the loans should not exceed \$100 to one person and that it should be loaned for not more than five years and at 3 per cent interest. Inquiries about the Robb scholarships or the McIsaac Loan Fund should be addressed to the secretary of the Committee, Katharine De Witt, 45 South Union Street, Rochester, N. Y. Contributions to either fund should be sent to the treasurer, Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.

NURSES' RELIEF FUND, REPORT FOR AUGUST, 1917

Receipts

Previously acknowledged.....	\$2,431.89
Interest on bonds.....	45.00
City Hospital Alumnae Assn., Minneapolis, Minn.....	5.00
Ada I. Hapwood, Worcester, Mass.....	1.00
E. Florence Pretchard, Jacksonville, Fla.....	1.00
M. L. Borden, Jacksonville, Fla.....	3.00
Sarah J. Graham.....	6.00
Janette F. Peterson, Chairman California Relief Fund Committee...	31.00
Harriet Bartoo, Spokane, Washington.....	3.00
Riverside Hospital Alum. Assn., Jacksonville, Fla.....	10.00
Marion E. Hartman, Philadelphia, Pa.....	1.00
Mary K. Moore, East Cleveland, Ohio.....	2.00
Lucy E. Knox, Jacksonville, Fla.....	1.00
Isabel Jarvis, Chicago, Ill.....	1.00
French Hospital Alum. Assn., New York City.....	10.00

Nursing News and Announcements

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Mrs. Beatrice Smith, Jacksonville, Fla.....	\$1.00
Harriet F. Ray, San Francisco, Cal.....	2.00
L. B. Harley, Miami, Fla.....	3.00
	<u>\$2,557.89</u>

Disbursements

Application approved No. 1, 31st payment.....	\$10
Application approved No. 2, 20th payment.....	5
Application approved No. 6, 16th payment.....	15
Application approved No. 7, 10th payment.....	15
Application approved No. 11, 7th payment.....	10
Application approved No. 12, 5th payment.....	10
	<u>\$65.00</u>
	<u>\$2,492.89</u>

REPORT FOR SEPTEMBER, 1917

Receipts

Previously acknowledged.....	\$2,492.89
Interest on bonds.....	40.00
Emma N. Short, Baltimore, Md.....	5.00
Janette F. Peterson, Chairman California Relief Fund Committee....	51.00
Maud M. Deverau, Pasadena, Cal.....	1.00
Katheryn M. Quaig, Newport, Kentucky.....	1.00
Julia E. Walls, St. Augustine, Fla.....	3.00
Montana State Nurses' Association.....	25.00
Members Arkansas State Nurses' Association: Mabel Lacy, Fannie Hill, Evelyn Hall, \$2.50 each; Mary Spier, Elizabeth Hoetzell, Emma Bryan, Avis Moll, \$5 each; Bula Biever, \$2; Olive Ainsworth, \$3.....	32.50
Mrs. E. C. Willoughby, Tewksbury, Mass.....	1.00
Helen W. Kelly, Chicago, Ill.....	2.00
Elvira B. Tomlinson, San Jose, Cal.....	5.00
	<u>\$2,659.39</u>

Disbursements

Application approved No. 1, 32nd payment.....	\$5.00
Application approved No. 2, 21st payment.....	5.00
Application approved No. 6, 17th payment.....	15.00
Application approved No. 7, 11th payment.....	15.00
Application approved No. 11, 8th payment.....	10.00
Application approved No. 12, 7th payment.....	10.00
Union & Advertiser Co.—5000 cards.....	27.50
	<u>\$87.50</u>
	<u>\$2,571.89</u>
16 bonds par value.....	16,000.00
2 certificates of stock.....	2,000.00
3 Liberty Loan bonds.....	3,000.00
Balance October 1, 1917.....	<u>\$23,571.89</u>

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan & Trust Company, New York City. For information address Elizabeth E. Golding, Chairman, care American Journal of Nursing, 45 South Union Street, Rochester, N. Y.

M. LOUISE TWISS, Treasurer.

LETTERS TO PRESIDENTS OF STATE NURSES' ASSOCIATIONS

On September 27, a letter was sent by the president of the American Nurses' Association to the state presidents, reading as follows:

"I have received the following communication from the Council of National Defense, Washington:

September 19, 1917.

"In accordance with instructions of the Committee on Nursing, I herewith submit their request that you, as president of the American Nurses Ass'n., communicate with the presidents of all state associations of graduate nurses, offering them the following suggestion. If state committees of nurses, duly authorized by the state association do not exist or if they are not actively cooperating with the state committees on Women's Work of the Council of National Defense, we would urge that such relations be established. It is further recommended that where such relations do exist, representatives of state leagues and public health nursing organizations be included. May I say that my associates in this office share my conviction that the work of these national committees will become vital and thoroughly effective only when interpreted through state and local committees.

"I am writing, therefore, to beg that if such a committee as requested has not already been appointed, that you will appoint one at your earliest convenience and place on it a representative of the State League of Nursing Education and of the Public Health Nursing organizations. Should no state leagues have been organized in your state and should you desire any assistance in the appointment of a representative of Nursing Education, may I suggest that you write to Miss Lillian Clayton, President of the National League of Nursing Education, who I am sure will be glad to assist you in the matter. Miss Ella Phillips Crandall, Secretary of the National Organization for Public Health Nursing, has expressed her readiness to give any assistance in the selection of a representative of public health nursing. Miss Clayton can be reached through the Philadelphia General Hospital, Philadelphia; and Miss Ella Phillips Crandall, Munsey Building, Washington, D. C.

"I am informed by Dr. Anna Howard Shaw, Chairman of the Woman's Committee of the Council of National Defense, Washington, that . . . is the Chairman of the State Committee. We would appreciate it if you would inform her that such a committee has been formed, giving her the name and address of the chairman.—Very sincerely yours, ANNIE W. GOODRICH."

Next
A second letter was sent to the state presidents on October 11th from the Committee on Nursing of the General Medical Board of the Council of National Defense, as follows:

"1. The origin of this Committee and its general purposes and plans have been carefully set forth in the last two issues of the AMERICAN JOURNAL OF NURSING, and it is therefore only necessary to say here that the Committee exists for the single purpose of trying to find the best and wisest way of meeting the unusual problems in nursing created by the war.

→ "2. The steady depletion in our ranks which is now going on will not only continue, but must increase as our army enlarges, and it will affect every kind of work in which nurses are occupied and the people who are there depending upon them—hospitals, training schools, homes, and public health fields. Before war began there was but one field of nursing in which the supply was somewhere near

equal to the demand, and this was in private nursing,—it fell far below it in every other field, notably so in public health work, and in administrative and teaching branches. When war is over the demand in all of these fields will inevitably be greater, much greater than ever before.

"3. It is obvious that the first concern of our Committee is with the supply of nurses—and here two things appear to stand out as imperative; first, *to insure the complete use of the existing nursing resources of the country*; second, to enlarge these resources by every appropriate means, and to the extreme limit of the teaching capacity of our hospitals. The needed increase for the future can only be measured in terms of thousands.

"4. The first task, that of making a census or survey of the nation's nursing resources, has been at the request of the Committee, undertaken by the American Nurses' Association. This work is now going on, and the results should shortly be available and prove not only immediately useful, but of permanent value. They mark the first comprehensive attempt of this kind, and will form a working basis for future calculations. All of the material relative to this survey has been made available to State Nurses' Associations, and a complete description is published in the JOURNAL for September.

"5. While waiting for this survey to be completed, which alone can give complete information regarding the strength of the nursing forces of the country, the Committee sent a questionnaire to the Superintendents of Accredited Training Schools, about 1500. From these answers it was found that there was little or no unusual shortage of nurses either in hospitals or communities, and that most of the Superintendents believed they could meet the demands for several months to come. Other valuable and reassuring information was brought to light which has been published in the nursing journals.

"6. A letter bearing a strong appeal was sent to all 1917 graduates of Training Schools whose names and addresses could be secured urging them to choose seriously their field of activity with a view to rendering the greatest possible service to the nation. It is expected that the survey returns will include all of these latest 13,000 recruits to our ranks.

"7. To the next task, that of increasing the actual supply of nurses, the Committee has directed its fullest energies, and it has conducted a systematic, extensive and vigorous educational campaign in efforts to interest educated young women throughout the country in the nursing situation and in the important national service which they may render by entering as pupil nurses in hospital training schools. Letters were sent informally to the presidents or deans of 461 women's and co-educational colleges. Letters and leaflets have been sent to over ten thousand recent college graduates, and further information and advice have been supplied to several hundred of them.

"8. The urgent need for a larger number of soundly educated women in certain branches of nursing led to an informal effort before this Committee came into existence, to see if some of the leading schools of nursing would be willing, in the national emergency, to reduce the term of three years to college graduates with satisfactory work in science. The impetus to this effort came from Miss Wald, and telegrams to the several training schools were sent from the Settlement signed by Misses Wald, Goodrich, Lathrop and Nutting. Almost all of the schools appealed to were ready to make such adjustments, and it is probable that a good many other schools of good standing would be willing to make similar changes. In some states this cannot be done at present; since their laws

require that three full years shall be spent in the hospital, but wherever such a reduction in time can be so made as to secure the essentials in training for these students, it seems a particularly desirable step to take at the present time. As a notably large proportion of those called to foreign service have been taken from the executive and teaching staffs of our training schools, it is hoped that such exceptionally well-prepared students will provide material out of which supervisors and teachers may be developed in a shorter time than is usually required. Besides this, there has been a definite and growing demand for some time for nurses with college training for all forms of public health work, and for administrative and teaching work, and it cannot be met by the small number of college women who are willing to spend three years in hospital work.

"9. The larger appeal, however, made by the Committee has gone to the many thousands of young women recently graduating from high, private, or technical schools, to whom carefully prepared letters and circulars have been sent, and who will be furnished with further information and advice upon request. In addition to these direct measures, a widespread campaign of newspaper publicity is beginning, and arrangements are made for articles on nursing in magazines of good standing to extend through the coming months.

"10. Having done about everything within our power to turn the educated young women of this country toward the training schools, the Committee then appealed to the leading hospitals throughout the country (700 in number) to provide for immediate and considerable enlargement of their training schools, and to extend this enlargement to the limit, of their capacity, resources and clinical facilities. To do this, they were requested to secure additional nursing accommodations, more supervisors and instructors, and to shorten the long hours, which have so long served as an impediment to the entrance of more of the better class of women into training schools. Where they were unable to secure such additional quarters, it was suggested that temporary arrangements be made permitting all students having good homes in the community to live at home for at least a part of their training, and that suitable adjustments of hours be made to permit this. This was followed by a somewhat similar letter to superintendents of training schools to which the same needs and arguments were presented.

"11. From both of these we learned of their eagerness, even their anxiety, to aid the country in every possible way to increase the number of fully qualified nurses for all forms of patriotic service. Two hundred and twelve said they would increase their classes; thirty reported that they had done so; but in addition to these, fifty-three others reported that they were unable to comply with the request for lack of funds and housing facilities.

"12. These statements amply justify another measure which was undertaken simultaneously by the Committee on Nursing, namely, an effort to secure temporary financial aid for standardized schools which could not furnish the necessary funds wherewith to increase their numbers. Up to the present time, the Committee's efforts in this direction have not been successful.

"13. However, the most gratifying and helpful relations have been established with the Woman's Committee and with the Committee on Cooperation with States of the Council, both of which are ready now to urge the public through their state and local committees to urge upon local communities the importance of assisting their hospitals in their effort to raise such funds. This kind of help is indispensable, because hospitals have done about all they can until the public comes to their aid in this way; and such aid should be regarded distinctly as a

war relief measure. In fact, it is not too much to say, that much which has been done will be lost if this Committee and its allies fail to secure this kind of assistance from the public. Therefore at present the Committee will continue its efforts upon this fundamental factor in this program.

"14. It will follow up the work of the survey as fast as the survey returns are received; and also its previous efforts to increase the numbers of students through direct appeals to 1917 graduates of colleges and secondary schools. At present it urges that you secure through your State and Local Associations, active cooperation with all State and Local Women's Committees and the State and Local Councils of Defense, in behalf of nursing interests in general and especially these which the Committee is developing.

"15. The first thing to do, if you have not already done so, is to appoint a Committee on Nursing under the State and Local Committees on Woman's Work of the Council of National Defense. This should be done after consultation with the Woman's Committees who may have solicited such action from your Association several months ago.

"16. Miss Goodrich has recently sent a letter to the State Associations of Graduate Nurses regarding this matter, requesting that such committees be formed and that they include representatives of your Leagues of Nursing Education and Public Health Nursing Organizations. Therefore, no further suggestions are called for. However, the Committee wishes to urge the immediate importance of these committees getting into action and of its own dependence upon them in the furtherance of its program.

"17. The Committee will keep you informed from time to time regarding the further developments of its work.

By direction of Dr. Martin:

M. ADELAIDE NUTTING, *Chairman.*"

The Standard Curriculum for Training Schools, which has been prepared by the Committee on Education of the National League of Nursing Education, is now in print and may be secured by writing to the Secretary of the League, Effie J. Taylor, Johns Hopkins Hospital, Baltimore, Md. The price, one dollar, should be sent with the order.

The Chicago School of Civics and Philanthropy announces its special courses for public health nurses. The longer course, from October 1 to June 7, includes lectures, field work and visits of inspection and covers the following subjects: The Field and Requirements for Social Work, Methods in Social Work, Practice of Local Government, Public Health and Housing, Wards of the State, Medical Agencies in Relation to Social Service, Public Health Nursing. The shorter course begins on March 4 and closes on June 21.

The Annual Council of the Guild of St. Barnabas for Nurses, which is usually held in October, has been postponed pursuant to the call of the Chaplain General, owing to the pressure under which many nurses are at present working, due to war conditions.

The United States Government is in need of thousands of typewriter operators and stenographers and typewriters. All who pass examinations for the departments and offices at Washington, D. C., are assured of certification for appointment. It is the manifest duty of citizens with this special knowledge

to use it at this time where it will be of most value to the Government. Those who have not the required training are encouraged to undergo instruction at once. Examinations for the Departmental Service are held every Tuesday in 450 of the principal cities of the United States. Applications may be filed with the Commission at Washington, D. C., at any time; applicants must have reached their eighteenth birthday on the date of the examination. The entrance salary ranges from \$1000 to \$1200 a year. Advancement of capable employees to higher salaries is reasonably rapid. For full information in regard to the scope and character of the examination and for application blanks, address the U. S. Civil Service Commission, Washington, D. C., John A. McIlhenny, president.

ARMY NURSE CORPS

Appointments.—Margaret Mullen, graduate of St. James Training School for Nurses, Newark, N. J.; Helen F. Addis, Columbus State Hospital, Columbus, Ohio; Elsie M. Langohr, Washington Park Hospital, Chicago, Ill.; Helen V. Brennen, Philadelphia General Hospital, Philadelphia, Pa.; Marion L. Taylor, Melrose Training School for Nurses, Melrose, Mass.; Annie M. Green, Asheville Mission Hospital, Asheville, N. C.; Catherine Quinn, Cooley Dickinson Hospital, Northampton, Mass.; Rhea Alsberg, Michael Reese Hospital Training School for Nurses, Chicago, Ill.; Irene M. Le Poidevin, General Hospital, Cornwall, Ontario, Can.; assigned to duty at Walter Reed General Hospital, Takoma Park, D. C.; Clara L. Bemis, Fannie Paddock, Memorial Hospital, Tacoma, Wash.; Agnes A. Rogers, St. Joseph's Hospital, Denver, Col.; Mary Seymour, Mercy Hospital, Columbus, Ohio; Annie Ensley, Coeur d'Alene Hospital, Coeur d'Alene, Idaho; Myra V. Eyster, St. Francis Training School for Nurses, Topeka, Kansas; Leila Ione Given, Cottage Hospital, Creston, Iowa, post graduate of Woman's Hospital, New York, and one year Assistant Superintendent Woman's Hospital, Nashville, Tenn.; Bessie M. Gwin, St. Mary's Hospital, Walla Walla, Wash.; Mamie C. McNicholas, St. Mary's Hospital, Walla Walla, Wash.; assigned to duty at Letterman General Hospital, San Francisco, Cal. Hester Campbell, Malden Hospital, Malden, Mass.; Elizabeth D. O'Conner, Manhattan State Hospital, Ward's Island, N. Y.; assigned to duty at Camp Pike, Little Rock, Ark. Lucy M. Holden, St. Mary's Infirmary, Galveston, Tex.; Daisy V. Petre, Santa Rosa Infirmary, San Antonio, Texas; assigned to duty at Fort Sam Houston, Texas.

Transfers.—To Walter Reed General Hospital, Takoma Park, D. C.: Maud Bowman, Emma R. Byrne, Laura C. Heston, Mary R. McHarry, Mable Sessions. To Letterman General Hospital, San Francisco, Cal.: M. Eliza Weaverling. To United States Army General Hospital No. 1, New York, N. Y.: Helen R. Brandon, Clara E. Elwanger, Wilhelmina M. Dussoisot, Mellicent E. King, Katherine F. Crowley. To Department Hospital, Honolulu, H. T.: Blanche M. Herron. To Camp Albert L. Mills, Hempstead, L. I.: Lillian J. Ryan, with assignment to duty as chief nurse, Alta Melott, Elizabeth V. Messner. To Department Hospital, Manila, P. I.: Aileen Riley. To Camp Pike, Little Rock, Ark.: Eleanor Langstaff, with assignment to duty as chief nurse, Helen D. Young, Margaret Stevenson. To Orthopedic Unit (service in Europe), Anne L. Caenan, with assignment to duty as chief nurse, Evelyn Mericle, Minerva O'Neale, Frances M. Steele, M. Virginia Himes. To Camp Shelby, Hattiesburg, Miss.: Mary A. Lafferty. To U. S. Army General Hospital, Fort Bayard, N. M.: Marie I. Caldwell, Lynn C. Freeland, Marjorie C. Hoffman. To Washington,

D. C., Attending Surgeon's Office: H. Elvina Helgren. To Fort McDowell, Cal.: Mary M. Everitt, Nettie M. Jenkins. To Fort McPherson, Ga.: Lillian Aubert, with assignment to duty as chief nurse, Marsley Buckley, Nellie E. Davis.

Resignations.—Elsie C. Dalton.

Discharges.—Margaret M. Eby, Kathleen McDonald, Anna J. Crowley.

RESERVE NURSES—ARMY NURSE CORPS

Assignments.—To Base Hospital, Camp Pike, Little Rock, Ark., from Little Rock, Ark., Celeste D. Campbell, Hattie Lee Carder, Valeria Gothord, Gertrude T. Groban, Sue Alma Morton, Johanna Werner, Nell Gorrell; from Helena, Ark., Susie Almer; from Kansas City, Mo., Versa McGowan, Mathilda Pappenhausen, Irene Mildred Penn, Mattie Perriman, Flora Shane; from Fort Smith, Ark., Cora B. Hoy; from Goshen, N. Y., Sophia M. Richards; from Omaha, Neb., Ernestine Larsen, Luella Larsen; from Minneapolis, Minn., Anna McFadden. To U. S. Army Base Hospital, Fort McPherson, Ga., from Washington, D. C., Florence T. Milburn; from Hartford, Conn., Annie M. Gelino, Arvilla Hanke-meyer; from Peace Dale, R. I., Mary A. Towey; from Leominster, Mass., Helen A. Rogers; from Worcester, Mass., Harriet B. Glidden; from Cranford, N. J., Mary H. Hodges; from Newport, R. I., Sara A. Clark; from Trenton, N. J., Helen Stevenson. To Provisional Base Hospital, Fort Oglethorpe, Ga., from North Birmingham, Ala., Martha G. Glozner; from Nutley, N. J., Henrietta M. Harrison; from Paterson, N. J., Bessie Nield; from North Birmingham, Ala., Alma Rowan, Margaret E. Perkins; from Wilmington, Del., Florence J. Spence; from Paterson, N. J., Isabel Van Riper, Alison Martin; from Montgomery, Ala., Lilla Thornton; from Tampa, Fla., Katherine W. Cassin. To Orthopedic Unit (service in Europe), from Biddeford, Me., Isabel Dunn; from Pittsburgh, Pa., Grace Nancarrow, Adele V. Wood; from Boston, Mass., Ida M. MacKay; from Washington D. C., Jennie D. Parrott; from Leominster, Mass., Ruth Railey; from Missoula, Mont., Gertrude Sloane. To Letterman General Hospital, San Francisco, Cal., from Salt Lake City, Utah, Dora M. Askew. To Camp Albert L. Mills, Hempstead, L. I., from New York, N. Y., Eva Maude Sadler, Katherine D. Flynn, Anne Hirsbrunner, Annie A. Snow, Mary E. Robinson, Florence Wagner, Theresa McDermott; from Jersey City, N. J., Marion McOwan; from Weehawken, N. J., Martha D. Havens; from Roselle, N. J., Christine G. Benedict; from Hoosick Falls, N. Y., Mary L. Carney; from Blackwell's Island, N. Y., Harriet M. Gillett; from Jacksonville, Fla., Elizabeth C. Reitz. To Camp Sevier, Greenville, S. C., from Easthampton, Mass., Cecelia A. Kendrew; from Rochester, N. Y., Charlotte S. Sherman; from Andover, Mass., Grace A. Woodburn. To Base Hospital, Fort Ontario, N. Y., from New York, N. Y., Henrietta Grim, Jean Henry; from Cape Porpoise, Me., Ida M. Landon. To U. S. Army Base Hospital, Camp McArthur, Waco, Tex., from Detroit, Mich., Alice E. Atkinson, Rachel E. Clark, Mildred Groom, Mildred E. Lambert, Eva B. Reid, Barbara A. Sproat; from Fort Wayne, Ind., Patricia I. Byron, Mable M. Bechtoldt, Esther R. Hauser, Mayme E. Steagner; from Unionville, Mo., Margaret J. Akers; from Roanoke, Ind., Jessie Koontz; from New Ulm, Minn., Emma Potter; from Enid, Okla., Bessie Ross; from Minneapolis, Minn., Mable S. Hedemark, Agnes A. Hogle, Lida Mae Lee, Mary A. Beidle; from Dallas, Tex., Alma F. Carson. To U. S. Army Base Hospital No. 32 (service in Europe), from City Hospital, Indianapolis, Ind.; Florence Martin, with assignment to duty as chief nurse, Hazel Alkire, Elizabeth Bachinger, Lillie V. Beck, Hazel Fern Bennett, Martha R.

Berger, May Berry, Helen Biggert, Nellie M. Birch, Dixie Borders, Mary M. Bowen, Bertha E. Boyles, Viola Mae Burleson, Julia Clements, Mayme C. Clickner, Nelle Davis, Ruth E. Dillon, Goldie E. Downs, Emma F. Ealey, Jessie May Ervin, Maude F. Essig, Mary Ferguson, Susan Genolin, Edna June Gray, Mary Gladys Grim, Alice Bryant Harvey, Mary B. Houser, Birda R. Hunt, Ruth H. Ikerd, Mary Kennedy, Mary F. Kochman, Alma Lancaster, Laura E. Lowe, Mrs. Bertha Mahan, Mary E. Mangan, Mary Ruth McBee, Elizabeth Melville, Estelle F. Miller, Jeannette A. Miller, Edna Mowrer, Johanna Montgomery, Mary E. Mullen, Clara La Vaughn Need, Mrs. Mayme O'Connell, Marie O'Keefe, Lena Lee Payne, Elsie Peacock, Evelyn Potter, Amy A. Prosser, Beulah G. Prust, Tulie Roberson, Nellie Rock, Eleanor C. Ryan, Mary A. Scales, Ida A. Scholar, Myrtle Shimer, Golda F. Smith, Helen A. Thompson, Addie Threlkeld, Ruth Gayle Totten, Mary P. Tyner, Hermina E. Wagner, Alys Weitendorf, Ruth Wright. To U. S. Army Base Hospital No. 36 (service in Europe), from Detroit College of Medicine, Detroit, Mich.; Mrs. Betsy L. Harris, assigned to duty as chief nurse, Alice Maud Arkell, Eva Babcock, Marie M. Bach, Eva G. Blackwell, Mrs. Frances Boulton, Kathryn E. Burns, Nellie M. Cavan, Alice Evelyn Cooper, Florence G. Cornes, Ethel Fern Cotter, Florence N. Crane, Ethel Helena Davidson, Lillian M. Dent, Frances L. Deyell, Josephine Deyell, Jessie Gray Duncan, Anna A. Dwyer, Catherine E. Eoll, Etta C. Foster, Frances Anna Ferguson, Sue C. Gallagher, Mary Ellen Gano, Catherine Gelineau, Alice M. Gilmore, Eleanor Hine, Bertha Mae Howard, Janet Jefferson, Anna C. Kaiser, Amy Keel, Katherine Killoran, Grace M. Knapp, Elizabeth La Forge, Minnie A. Lester, Florence E. Lyons, Emma J. McCaw, Margaret McDonald, Emma Jane McDonald, Martha Jean MacDonald, Maude C. McGlynn, Mrs. Nellie Malone, Florence A. Martin, Marie P. Mayer, Edith Medhurst, Blanche A. Meyers, Pearl R. Miller, Ella Moran, Martha G. Murphy, Lydia J. Olsen, Phoebe Russell Tullar, Rosanna C. Schulte, Signe Alvera Schwartz, Estelle Pearl Stroupe, Ann Strub, Dolina Stuart, Adelaide Tallion, Mary B. W. Tonner, Anna L. Virtue, Edna Waterman, Grace E. Wells, E. Gertrude Witban, Margaret M. Geierman, Kathryn V. Gorman, Marguerite Headley, Nellie Leggate, Grace Ina Lewis, Ethel May Lickley, Norma F. Miller, Carrie J. Ramler, Margaret C. Roll, Louise J. Ruetz, Penelope C. Smith, Harriet Turner, Esther I. Wanderly, Vera Johnson, I. Malindo Havey, Julia Anna Stahl, Rebecca M. Douglas, Clara Agnes Olsen, Genevieve M. Pailca, Agnes W. Reid, Aurel Baker, Jennie A. Abramson, Emma A. Arnold, Minnie V. Black, Frances I. Caldwell, Edith E. Campbell, Grace M. Daly, Jessie M. Wilson, Jessie A. Keating, N. Christine Keyes, Elsie Margaret Lockhart, Mrs. Emily T. Lohr, Sarah Ann McDonald, Jean Thompson, Verna Ulrey, Josephine Valentine, Mrs. Clara H. Widdicomb. To U. S. Army Base Hospital No. 31 (service in Europe), from Youngstown City Hospital, Youngstown, Ohio; Frances M. Kehoe, with assignment to duty as chief nurse, Martha W. Anderson, Catherine B. Bonner, Ella B. Brown, Hazel Fay Bryan, Winifred Ruth Bullick, Mrs. Grace B. Burbank, Ruth A. Butler, Edith M. Caldwell, Winifred C. Campbell, Delia Concricote, Edith De Witte, Olive May Dunn, Harriet J. Eckels, Esther N. Erickson, Lelia May Gettles, Ella Mae Gilchrist, Minnie H. Gray, Edith L. Hadsall, Grace E. Harris, Margaret E. Herr, Sarah J. Hunter, Mrs. Lena M. Hurd, Hattie May Hyland, Lyda Jeanne Hyland, Alma A. Jones, Anna O. Jones, Elizabeth Lane Jones, Margaret K. Keegan, Hazel Blanche Knauf, Helen G. Larkworthy, Blanche Alice Lewis, Mary F. McClenahan, Grace M. Merrill, Minna Theckla Meyer, Dorothy Beth Millman,

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 June Gray, Mary
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Elsie Gladys Mohler, Mary M. Murphy, Gladys C. Nonemaker, Nell F. Notestine, Ellen F. O'Brien, Leona Ruth Osborne, Mary Lorene Phillips, Olive Nina Reed, Eleanor Reid, Anna M. Roberts, Agnes A. Sharkey, Mary Lauretta Shea, Grace R. Singer, Rachel Smith, Martha R. Stirling, Margaret C. Stoffel, Viva I. Thompson, Adelaide Vanderholt, Anna C. Vaughan, Clara Almira Wack, Marie Watson, Mrs. Ora Welshons, Gladys H. Wiesen, Pearl M. Worley, Virginia E. Yusek, Katherine E. Cassidy, Florence A. Dark, Marguerite F. Findlay, Mary D. Mitchell.

Transfers.—To General Hospital No. 1, New York, N. Y.: Helen M. Dixon; To Walter Reed General Hospital, Takoma Park, D. C., Hazel Vegiard.

Relief.—Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Alice Barger, Josephine G. Buchanan, I. Helen Erich, Frances Hessman, Elizabeth M. Horne, Katherine A. Rittman, Clara E. Schmitt, Hattie E. Sharpe, Mary M. O'Donnell, Nancy G. Blethen, Edith G. Kurts, Theresa Botts, Mary E. Minshall, Minnie Nelson, Sara Pevoteaux, Mary A. Shipman, Matilda Sturtzer, Beatrice J. Chambers.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

Arkansas: Hot Springs.—ST. JOSEPH'S TRAINING SCHOOL held graduating exercises on September 26, for a class of eight.

California: Los Angeles.—LOS ANGELES COUNTY NURSES' ASSOCIATION held its first regular meeting of the year at the Y. W. C. A. building, on October 9. The address of the evening was given by Anna C. Jammé, of Sacramento, on The Spirit of Organization. The meetings are announced for the first Tuesday of each month.

Colorado.—THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its fall meeting at the Boulder-Colorado Sanitarium, Boulder, on September 13, Mrs. C. A. Black presiding. The address of welcome was given by Mrs. Lucinda Martin; the response by Miss Shellabarger. Dr. Kate Lindsey and Dr. H. A. Green, of the Sanitarium, gave very interesting and helpful addresses. Bessie E. Amerman, who is acting as field nurse of the Delineator Health Survey Service, is spending a few weeks in Boulder, working under the auspices of the Boulder Health Officer and the Civics Commission of the Woman's Club, for the purpose of making a health survey of the city. She was the guest of the Association on this occasion, and gave a very instructive talk on this work. A most inspiring and entertaining report of the Philadelphia convention was given by Miss Shellabarger, who had acted as delegate. The next meeting of the state association will be held in Denver, February, 1918.

Connecticut: New Haven.—ANNA DAVIDS has recently been appointed superintendent of the Elm City Hospital.

District of Columbia.—THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses, on Wednesday, December 12. Application must be made before November 28, to Helen W. Gardner, R.N., Secretary and Treasurer, 1337 K Street, Washington, D.C. GEORGIA M. NEVINS, who for many years has been superintendent of the Garfield Memorial Hospital, has resigned to take charge of the Nursing Section of the Pottomac Division of the Red Cross.

Georgia.—THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold examinations in Atlanta and Savannah, November 27-29. Application

must be made, before November 15, to the secretary, Jane Van De Vrede, 424-431 Healey Building, Atlanta, Ga.

Illinois.—THE DEPARTMENT OF REGISTRATION AND EDUCATION will hold an examination for the registration of nurses in Chicago, November 23 and 24, 1917. Application blanks may be procured from the Department at Springfield, and must be filed at least 10 days prior to date of examination. **Peoria.**—JEANETTE KIPP, Hahnemann Hospital, Chicago, has accepted the position of supervisor of the Peoria Public Health Nursing Association, succeeding Martha Moritz. Miss Moritz, Union Hospital, Chicago, is now the superintendent of the Methodist Hospital. This vacancy was caused by the resignation of Emma McCall, who left with the Wesley Unit for France. JULIA JACKSON, Norwegian Tabitha Hospital, Chicago, and GEORGIA YATES, Proctor Hospital, have accepted positions as public health nurses. STELLA FREIDINGER, for four years superintendent of the Proctor Hospital, has resigned her position to study at Columbia University, Ella Jones succeeding her. ROSE C. FEHL, assistant superintendent, has resigned to enter a school of pharmacy in Chicago, Dillie Buckwalter now filling that position. MAUDE BELL has become the surgical nurse, Carrie Nelson the night supervisor, and Esther Schweiker the second assistant at the hospital. RUTH BENNETT, class of 1907, is now engaged in Metropolitan Life Insurance work in Stockton, California.

Indiana.—THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION OF NURSES will hold an examination for the registration of nurses at the State House, Indianapolis, on November 21 and 22.

Iowa: Des Moines.—THE DES MOINES REGISTERED NURSES' ASSOCIATION held a business meeting on October 3. Reports from the treasurer and registrar were submitted, the latter stating that she had had 254 more calls for the past four months than for the corresponding months last year. The Visiting and Membership Committee reported calls made on the sick and flowers sent to those not able to have visitors. Several names were proposed for membership, and accepted. An appeal from Alice Isaacson, from France, for "Sister Susie" comfort bags for the wounded soldiers, was read. \$50 was voted for this purpose. The meeting was then turned over to the chairman for the afternoon, Mrs. John G. Wohlgemuth, whose subject was Red Cross Work. Letters were read from Marianne Zichy, Marie Sherlock, Della Spain, and Julia Close, all in active service in Texas; from Elizabeth Kolbe at Douglas, Ariz., and Rose Arens, of the Army Nurse Corps, located at the Presidio, San Francisco, Cal. CATHERINE GRIFFITHS, Iowa Methodist Hospital, has accepted a position as school nurse. OLIVE FERREE, Mercy Hospital, has been appointed a City Health Inspector, as has also Estella Van Horn, Iowa Methodist Hospital. SIGRID LINDBLAD, Iowa Methodist Hospital, has accepted the position of nurse assistant to Dr. J. A. Goodrich. ROSE MAHONEY has resigned her position as school nurse after an eight years' service and will enter the office of Dr. W. W. Pearson, eye, ear, nose and throat specialist, where she will perfect herself in refraction work. **Davenport.**—MARY SEECOMBE, St. Luke's Hospital, has accepted the position of school nurse. **Sioux City.**—ANNIE FOBES, class of 1903, Samaritan Hospital, has been appointed school truant officer by the Board of Education in this city.

Kansas.—THE KANSAS STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration, December 27 and 28, at the Lamer Hotel, Salina. All applications for examination should be filed not later than December 17, with the secretary of the Board, Sister Mary Helena, St. Barnabas Hospital, Salina.

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Kentucky.—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold examinations for the registration of graduate nurses, November 20 and 21, at the City Hospital, Louisville, beginning at 9 a.m. Graduate nurses cannot practice their profession legally in this state, without being registered. For information, apply to the secretary, Flora E. Keen, R.N. Somerset, Ky.

Louisiana: New Orleans.—PUBLIC HEALTH NURSES held a call meeting at Touro Infirmary on September 4, for the purpose of organizing. The eighteen nurses present formed an association and elected the following officers: President, Mrs. Grace French Bentley; secretary, Alice Achee. The meetings will be held the second Wednesday of each month, at the Infirmary. THE ALUMNAE ASSOCIATION OF THE NEW ORLEANS INFIRMARY held its annual meeting at the home of Mrs. Lydia Breauux, at the same time entertaining for six of its members who are to leave with Base Hospital No. 24 for foreign service. The election resulted as follows: President, Mrs. Grace French Bentley; vice-president, Myra Tisdale; secretary-treasurer, Mrs. Nora Kirk; directors, Gertrude E. Fortune, Ophelia McMain, and E. V. Monroe.

Maine.—THE MAINE STATE NURSES' ASSOCIATION held a regular meeting at the Eastern Maine General Hospital in Bangor, on September 4. The morning was occupied with a discussion of plans for reorganization and the survey of the nursing resources of the state. The Association has put itself on record as wishing the Interstate Secretary present at its December meeting to assist in the work of revision, and it has placed the details of the survey in the hands of a committee, of which Ellen Paine, of Bangor, is chairman. A meeting of the Public Health Department preceded the programme; it was decided to have a round table at each state meeting in charge of the chairman. The programme for the general afternoon session included these papers: The Care of Communicable Diseases, by Dr. L. W. Bristol; Personal Experiences in France with the Red Cross, by Dr. Goodwin; The Public Health Nurse, by Madeline C. Mosher. The next meeting of the Association will be held at Biddeford, in December. THE STATE BOARD OF REGISTRATION AND EXAMINATION OF NURSES has recently had added to its personnel the name of Margaret M. Dearness, superintendent of nurses at the Maine General Hospital. Both Miss DEARNESS and IDA WASHBURN, of Bangor, have been appointed on the Maine State Committee on Red Cross Nursing Service. **Portland.**—EDITH L. SOULE, who has been the superintendent of Children's Hospital ever since it was organized nine years ago, has resigned to take the course in public health nursing, Simmons College, Boston. Beatrice Lambert, of Worcester City Hospital, has succeeded her.

Maryland.—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its regular fall meeting at the Medical Amphitheater of the Johns Hopkins Hospital, on October 9. The evening was most interestingly filled with a consideration of Red Cross work, and all were thrilled and amazed by the wonderful work which the Red Cross is accomplishing in all its departments. **Baltimore.**—THE MARYLAND GENERAL ALUMNAE ASSOCIATION held its first meeting of the season at the hospital on October 4. The meeting which was well attended, was given over to a discussion of The Sick Benefit and Loan Fund.

Massachusetts: Boston.—THE NEW ENGLAND HOSPITAL FOR WOMEN AND CHILDREN opened its new maternity building to the public on September 25. Through the summer a campaign to raise a \$200,000 fund for the proposed addition to the hospital was pushed vigorously. This sum was not secured, but \$75,000 rewarded the efforts of the collectors. Polished floors, tinted walls, spotless

cribs and beds, attractive furniture, modern sanitary arrangements, and well equipped diet kitchens promise comfort for the expected patients. THE MASSACHUSETTS WOMAN'S HOSPITAL, which has been closed for repairs for some months, reopened on October 6, with Zillah MacLaughlin as superintendent. Miss MacLaughlin is a graduate of the New England Deaconess Hospital, and had been its superintendent for some years. THE NEW ENGLAND BAPTIST HOSPITAL received \$10,000 for the support of two free beds, by the will of Samuel B. Thing of Brookline. From the same donor the Boston Floating Hospital receives \$5000 towards its Endowment Fund, and the Newton Hospital at Newton Lower Falls, a like amount to endow a free bed. GRACE ARMSTRONG, who went over with the Pediatric Unit in October, received a dainty purse filled with gold pieces from the girls employed by the Edison Light Company. Miss Phillips, of the Meriden, Conn. Hospital will succeed Miss Armstrong as welfare nurse at the plant. MRS. LENA H. AUSTIN SMITH resigned as superintendent of the nursing staff of the Milk and Baby Hygiene. She was succeeded by Winnifred Rand of the Lincoln House Settlement. THE MASSACHUSETTS HOMEOPATHIC HOSPITAL and THE NEW ENGLAND DEACONESS ASSOCIATION are both beneficiaries through the will of Mrs. Augusta E. Corbin of Boston. The former hospital receives \$100,000 in trust, with the stipulation that the income is to be used for general purposes; while the latter is given the same amount in trust, with a like restriction, and an additional \$100,000 to be used for hospital improvement, the extension or new structure to be known as the Chester C. Corbin building. Milford.—MILFORD HOSPITAL held commencement exercises on August 29, for a class of seven. The address was given by Dr. William H. Conant, senior surgeon of the Massachusetts General Hospital. Holyoke.—HOLYOKE CITY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in June, electing the following officers: President Agnes Canavan; vice president, Hulda Klemm; secretary, Mrs. James Gately; assistant secretary, Mrs. George Nichols; treasurer, Effie Wolfe. The Association decided to buy a \$100 Liberty bond and donated \$25 to the local Red Cross. The members have offered their services in any emergency due to war conditions. At the quarterly meeting held in September, Miss Chase and Mrs. Gately gave a report of the Philadelphia convention. Newton Lower Falls.—NEWTON HOSPITAL is a beneficiary, through the will of Norman H. George, with the Floating Hospital and the Children's Hospital, both in Boston. Hingham.—THE MASSACHUSETTS HOMEOPATHIC UNIT BASE HOSPITAL No. 44, was given a concert on September 22, in Loring Hall, to aid it financially.

Michigan: Muskegon.—HACKLEY HOSPITAL TRAINING SCHOOL held its ninth annual commencement exercises, on September 7. Rev. John E. Kuizenga, of Holland, Mich., gave the principal address. After the charge to the graduating class by Dr. John Vander Laan, closing with the administration of the Florence Nightingale Pledge, Rev. Archibald Hadden presented diplomas to the eleven graduates. Grand Rapids.—BUTTERWORTH HOSPITAL ALUMNAE ASSOCIATION has chosen the following officers for the year: President, Gertrude Lyle; vice presidents, Marguerite Peterson, Mrs. Borgman; recording secretary, Minnie Jenkins; corresponding secretary, Mrs. Geelhoed Smith; treasurer, Inez Mosher; directors, Laura Lott, Mrs. Redhead Seymour, Amey Parks; registry board, Gertrude Lyle, Beatrice Graham, Inez Mosher, Mary Jane Smith; benefit and relief fund board, Mrs. Jeannette Boer Baker, Beatrice Graham, Minnie McDermid; chairmen of committees: ways and means, Lula Cudney; programme, Mrs. Nellie VanKuelen; printing and supply, Mrs. Cora Warren Levett; enter-

tainment; Mrs. Isabel Metcalf; flower, Anna Spears. The annual bulletin announces the dates of the meetings and the speakers, but does not give the subjects. The Alumnae held a meeting on October 3, at the hospital, when it was decided to give a luncheon in honor of the graduating class of 1917, at Hotel Browning.

Minnesota: St. Paul.—THE RAMSAY COUNTY REGISTERED NURSES' ASSOCIATION held its annual meeting on September 3, forty nurses being present. The secretary reported eleven regular meetings during the year, with an average attendance of twenty-eight. Fifty-five new members have been admitted, nineteen reinstated, and two have died, so that the Association now has a membership of two hundred and ninety. The treasurer reported receipts during the year, \$1267.60; disbursements, \$1211.70. During the year the programme committee arranged for speakers for four of the meetings: Miss M. F. Patterson, president of the Minnesota State Association, Red Cross Work; Miss Freustead, Social Service; Dr. Arnovici, Leisure and Its Importance; and Mrs. Walter Ramsay, Woman Suffrage. On this last occasion, the Association endorsed the Federal amendment. Miss Cornelisen, delegate to the national convention, gave an interesting account of the Philadelphia meetings. **Minneapolis.**—THE CITY HOSPITAL ALUMNAE ASSOCIATION, at its annual meeting on October 3, elected the following officers: President, Bessie Thompson; vice president, Carolin Ludeman; secretary, Mrs. H. E. Turner; treasurer, Louise L. Christensen.

Missouri: St. Joseph.—ST JOSEPH'S HOSPITAL celebrated the departure of its first representative in Red Cross Nursing, Nora Schwartz, by an early morning mass, when pupil nurses, graduates and friends crowded the chapel.

Montana.—THE MONTANA STATE NURSES' ASSOCIATION met in convention, in June, at Glacier Park Hotel, Glacier National Park. Owing to the meeting place being in the northwestern corner of the state, the attendance was small but the enthusiasm was none the less ardent. The weather was such that some of the meetings could be held on the piazzas, affording a full view of the great snow-covered mountain peaks. The following officers were chosen: President, Mrs. Ira Cliff Benson, Fromberg; vice presidents, Mrs. Lally, St. James' Hospital, Butte; Lydia Van Luvanee, St. Peter's Hospital, Helena; Lucy Askew, Great Falls; secretary, Parmelia Clarke, Glasgow; treasurer, Mary C. Platt, Box 928, Helena. A notable feature of the programme was the address by Dean Herrick of the State University, in which she outlined its preliminary course for nurses. The Association endorsed the course and pledged its support in this effort to raise the standard of nursing education in Montana. Later, Margaret M. Hughes, chairman of the State Red Cross Committee on Nursing Service, gave an inspiring address on the work, opportunities and needs of the Red Cross. Her talk aroused a sense of personal duty, and as a result many nurses enrolled, some having since been called into active service. On the invitation of President Hamilton, the next convention will be held at the State College, Bozeman.

Nebraska.—THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold its next regular examination, November 27 and 28, in Omaha and Lincoln. For information apply to the secretary, Margaret McGreevy, R.N., 408 State House, Lincoln.

New Jersey: Hackensack.—HACKENSACK HOSPITAL ALUMNAE ASSOCIATION held its regular meeting in the new Nurses' Home on September 3, twelve new members being accepted. Miss Ramsey read a report of the last state meeting. There was discussion of a prize of \$25 to the Training School for the highest aver-

age among the pupil nurses. Miss Scott, the vice president, has received a scholarship at Columbia University. **Monmouth County.**—**MONMOUTH COUNTY** recently held a county fair, at which various forms of public health work in six towns were exhibited. The county is largely rural and the object was educational propaganda. The displays were judged by a representative of the State Board of Health and a second prize, a diploma, was awarded to the Public Health Nursing Association of Long Branch. The work was in charge of Dr. Albert Hess, director, and N. Florence Cummings, superintendent.

New York: New York.—**THE DEPARTMENT OF NURSING AND HEALTH, TEACHERS COLLEGE**, is to continue the special courses for training teachers of Occupation Therapy, which proved so successful during the summer. This work will be under the direction of Susan Johnson. **HELEN POWELL**, class of 1909, Presbyterian Hospital, has been placed in charge of the welfare work of the American Express Company. **CHRISTINE G. BENEDICT**, Lozier Memorial Training School, has recently returned from Iloilo, Philippine Islands, where she has been for four years in charge of the Union Mission Hospital Training School. The hospital was opened in 1906, and its training school of twenty nurses was the first to be organized in the Philippines. **Sonyea.**—**CRAIG COLONY TRAINING SCHOOL** held graduating exercises on September 11, for a class of eight, to whom diplomas were presented by Dr. William T. Shanahan, medical superintendent of the Colony. Dr. Robert M. Elliott, medical superintendent of the Willard State Hospital, spoke to the graduates on the advantages of being trained in a state hospital. After an interesting programme in the form of an operetta given by two of the Junior nurses and Colony patients, the evening closed with dancing. The Training School raised \$50 for a bed in Base Hospital No. 19, Rochester, N. Y. **Rochester.**—**THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION** held its regular meeting in the Nurses' Home on October 9. Rose Weber was appointed delegate to the state convention to be held in Binghamton, October 16-18. Miss McElroy, police woman of this city, gave a most interesting description of her work in prevention of crime and the methods of dealing with delinquent girls over sixteen years of age. A social hour followed. **MRS. MAY BAYLEY BASSETT**, class of 1909, sailed for France early in September to join the nursing staff of Dr. Ralph R. Fitch's hospital. **JESSIE H. DAVIDSON**, class of 1913, has accepted a position as school nurse in LeRoy. **LENA WESSEL**, class of 1910, succeeds Bertha Peck as social service nurse at the Mechanics Institute. **Ogdensburg.**—**MARJORIE MULLEN**, **DORA LAMACHE**, and **LELIA WIGGINS**, all of the class of 1917, St. Lawrence State Hospital, are to take up private duty in Ogdensburg and Watertown. **SADIE CONWAY**, and **KATHRYN CONWAY**, have taken positions at Bellevue Hospital, New York City, and Elizabeth Provost, at the Massachusetts General Hospital, Boston. **Glens Falls.**—**GLENS FALLS HOSPITAL** held graduating exercises for a class of six on September 25. The Red Cross was made the dominant note of the exercises, with Carolyn C. Van Blarcom, the head of the Atlantic Division of the American Red Cross, the principal speaker. The Alumnae, the evening before, gave a reception and dance to the graduating class. **Troy.**—**THE ALBANY AND RENSSELAER COUNTY NURSES' ASSOCIATION**, at a meeting held at the Samaritan Hospital on October 8, voted to buy a \$100 Liberty Bond.

Ohio: Cleveland.—**ST. VINCENT CHARITY HOSPITAL** held commencement exercises at the hospital, on September 18, for a class of fourteen.

Oregon.—**THE OREGON STATE NURSES' ASSOCIATION** held its annual meeting

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in Portland, June 27, when the following officers were elected: President, Jane V. Doyle, Portland; vice presidents, Grace Phelps, Grace Forbes; secretary, Mary C. Campbell, Portland Open Air Sanatorium, Milwaukie, Ore.; treasurer, Frances McLane; board of directors, Helen E. Jones, Ivah N. Callender, Lena R. Goodin, Christine B. Hume, Mary F. Fox, Almira Whitney, Louise A. Rourke, and Alvilda Aarnes. After the business meeting, these subjects were discussed: Modern Methods in Treatment of Tuberculosis, Mary C. Campbell; The Work of the Home Industry League, Mr. A. C. Clark; The Activities of the Red Cross, Mrs. Davies.

Pennsylvania.—THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its fifteenth annual convention in Scranton, November 7-9; headquarters, Hotel Casey. The programme announces for the morning of the first day, a business session; for the afternoon, further reports and the President's address; for the evening session, a Red Cross mass meeting, with Jane A. Delano, and Mrs. William K. Draper, member of National Committee, New York, the principal speakers. Thursday morning, a report of the delegate to the Philadelphia convention and an address on Why Tuberculosis, by Jessie L. Ross; Thursday afternoon, League of Nursing Education Section, with addresses by Roberta M. West on The Effect of the Short Courses on the Training School; and by Susan C. Francis on How Can the League Best Aid the Local Red Cross Committees to Increase Their Enrollment of Nurses. In the evening there is to be a demonstration by nurses of the Moses Taylor Hospital. The morning of the third day is devoted to the Public Health Section with a paper by Katherine Tucker, superintendent of the Philadelphia District Nursing Society. The last session of the convention, Friday afternoon, is to be occupied with unfinished business. **Philadelphia.**—HOWARD HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting at the hospital on October 2, with eleven in attendance. The officers and chairmen of the various committees gave reports of their work, the treasurer showing a balance of \$228.20. These were followed by discussion on enrolling for Red Cross service, joining the American Nurses' Association, and arranging for a visit from the Interstate Secretary. The Alumnae has given \$1000 toward the new building fund. **St. Agnes Hospital Alumnae Association** held its regular meeting at the hospital on September 26, with a larger attendance than usual. The resignation of M. P. Connolly, who has served faithfully and efficiently as secretary of the Association, was accepted with regret. Maud A. Munn is to succeed her. Four new members were admitted on this occasion. **THE PROTESTANT EPISCOPAL HOSPITAL ALUMNAE ASSOCIATION** held its first fall meeting, October 3, twenty-two members attending. Twelve applicants were accepted into membership. The Association voted to give \$25 to the Isabel Hampton Robb Memorial Fund, \$100 to the Philadelphia Branch of the Red Cross Fund, and \$100 for the purchase of a Liberty Bond. These officers were chosen: President, Jessie M. Jones; vice presidents, Florence M. Erdley, Elizabeth Rhoades; secretary, Agnes Stringer; treasurer, Amelia S. Diller; executive committee, Maud Mutchler, M. Grace Bricker, Olive Brown, Mary F. Meyer, Elizabeth H. Gallagher. **Pittsburgh.**—THE ALLEGHENY GENERAL HOSPITAL ALUMNAE ASSOCIATION held a meeting in October at which it discussed the caps worn by its nurses, and decided to adopt the Red Cross cap for students and graduates. The annual re-union was held at the Fort Pitt Hotel, on November 5. **Brownsville.**—JENNIE M. JOHNSTON has resigned the position of office nurse in Doctors Scott and Donehoo's office, which she had held about seven years, to become office clerk in the Brownsville General Hospital.

Philippine Islands.—The following sections pertaining to the examination and registration of nurses in the Philippine Islands are taken from an act "to amend act numbered three hundred and ten, regulating the practice in the Philippine Islands of medicine and surgery in all their branches, to repeal section one of act numbered sixteen hundred and thirty-two and numbered sixteen hundred and fifty-one, and to provide for the examination and registration of nurses in the Philippine Islands." This law was enacted February 5, 1915.

Sec. 7. Every person desiring to practice as a registered nurse in the Philippine Islands shall apply to the Director of Health for a certificate of registration as registered nurse. Applicants for such certificate shall be at least twenty years of age and shall submit evidence of good physical health and good moral character. They shall have been graduates of a recognized school of nursing, which has entrance requirements equal to graduates from the intermediate grades of the public school and which gives a two years and a half course of instruction in a hospital having at least thirty beds and a free dispensary, and active working departments in surgery, obstetrics, medicine, housekeeping, dietetics, pediatrics, and diseases of the eye, ear, nose, and throat. The applicant shall have had dormitory residence during the period of undergraduate instruction: Provided, That persons desiring to serve as unregistered nurses may practice as second-class nurses if they are graduates from intermediate grades of the public schools or from equivalent grades of any other school upon filing an application with the district health officer for the district within which they reside: And provided further, That the right to practice as such unregistered or second-class nurse may be refused to any person not of good moral character, or if already granted may be withdrawn by the said district health officer, on approval by the Director of Health, either for the said reason or for any abuse of the privilege. And provided further, That no second-class or unregistered nurse or other person not a registered first-class nurse may wear the nurse's uniform.

Sec. 8. On and after January first, nineteen hundred and fifteen, it shall be unlawful for any person to practice as a nurse in any of its branches in the Philippine Islands until the proper certificate has been obtained.

Sec. 9. The Examining Board shall, on or before the thirty-first of December of each year, make a report to the Director of Health of its proceedings during the year, and of all moneys received and disbursed by it within that period.

Sec. 10. The subjects for the examinations provided for in section five of this Act shall be anatomy, physiology, chemistry, materia medica and therapeutics, pathology and bacteriology, hygiene, surgery, practice of medicine, obstetrics, tropical medicine, diseases of women and children, diseases of the nervous system, diseases of the eye, throat and ear, and medical jurisprudence.

Rhode Island.—THE RHODE ISLAND LEAGUE OF NURSING EDUCATION met at the Newport Hospital, Newport, on June 15, to listen to the report of Miss Barry, the delegate to the national convention, and readings from the AMERICAN JOURNAL OF NURSING. This opened the discussion as to how the present crisis is to be met. A social hour followed. On October 3 the League met again, this time at the City Hospital, Providence. The subject for the afternoon was The Training Schools and the Present Crisis. After reading and discussing selections from the JOURNAL, Miss Lord called upon the members to tell how they are meeting the demands for increasing the nursing service and for food conservation. Nearly all are taking in extra pupils, and all are trying to conserve in every possible

way. One superintendent is having her garbage pails weighed, this has stimulated good natured rivalry among the head nurses. The pupils, too, are responding to the appeals for economy in all the hospitals. The scarcity of lecturers in training school work, caused by nurses going into war service, has made it necessary in one school, to have the text of the lecturers read; in another school, where the lecturer is too busy to give the weekly lecture, she has had the text of the lecture distributed among the pupils, and, when opportunity arises, she quizzes the pupils upon the subject matter. These discussions were followed by a social hour. **Providence.**—THE PROVIDENCE BRANCH OF THE GUILD OF ST. BARNABAS FOR NURSES, at its meeting at St. Stephen's Church, on October 4, listened to an address by Anne T. Vernon, on the Home Service Section of the Red Cross. This work, although but recently started, is now caring for one hundred families, under the direction of Abby E. Johnson, an enrolled Red Cross nurse, whose salary is provided through the generosity of an unnamed friend. A social hour followed. THE RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting at the Nurses' Home, on September 25. Reorganization was the subject for the afternoon, and drew forth a lively discussion. Several new members were received. A social hour followed.

Tennessee: Nashville.—GEORGE PEABODY COLLEGE FOR TEACHERS, on October 1, opened courses in public health nursing, the lecture work under Dora M. Barnes, the field work under Nan L. Dorsey.

West Virginia.—THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF WEST VIRGINIA held its twelfth annual convention at the Fairmont Hotel, Fairmont, September 25-27. On the evening of the 24th, an informal reception was given to the visiting nurses. At the first session, after the invocation by the Rev. Mr. Stoetzer, the mayor of Fairmont, Hon. Anthony Bowen, extended a most cordial welcome to the nurses, which was responded to, on behalf of the Association, by Anna H. Bessler. In the name of the Marion County Graduate Nurses, Miss Glancy also bade them welcome. The rest of the morning was occupied with the reading of reports. Mrs. R. J. Bullard, the secretary-treasurer, reported a large increase in membership, and that the receipts had been \$656.14, disbursements \$523.02. The delegate to the American Nurses' Association, W. Louise Kochert, told of the exceedingly interesting programme which had been arranged for each of the sessions, and urged the nurses of the state to make a good showing at the meeting to be held in Cleveland, next year. This was followed by a most entertaining report from Maude M. Brantner, delegate to the Federation of Women's Clubs of West Virginia. The programme for the afternoon included an address by Dr. Leroy D. Howard, of Fairmont, on General Nursing, in which the speaker paid a high tribute to the value of the accurate records kept by so many nurses. After the report of Nellie Manning, the delegate to the National Red Cross meeting in Washington, held in December, a paper prepared by Katherine Moriarty, of Wellsburg, on Poliomyelitis, was read by Miss Bessler. The subject of reorganization in relation to the national organization was discussed; it was decided to divide the state into two districts. The visiting nurses were favored with an automobile ride around the city and to the Country Club. The morning of the 26th was given over to the Superintendents' Session. Emma Vernon, the president, extended a greeting to the visiting nurses, basing her remarks on the term "service," as defined in an inscription over the doorway of a hospital in India, "Service is the rent we pay for a room on earth," with the hope that all would pay a big rent in terms of loyalty.

Dr. J. W. McDonald in his address on First Aid, emphasized the importance of being able at once to detect symptoms of trouble. Dr. Peter Noe, Jr., in charge of the Consolidated Company Poliomyelitis Hospital at Monongah, spoke interestingly of the work being done at that hospital to combat this disease. The question of The Small Hospital in a Country Town was presented by Mrs. N. S. Woodyard, superintendent of nurses at the General Hospital, Marlinton. She offset the many disadvantages under which these hospitals are maintained by the great good that is done for humanity. In the afternoon the slush bath was demonstrated by Miss Snodgrass, a student of the Ohio Valley General Hospital, Wheeling, under the direction of the superintendent of nurses, Miss Phalen. Later, there was a demonstration of the card system of giving medicines. Dr. Carter S. Fleming then spoke on Obstetrics. After a discussion of the registration and examination of nurses, some time was given to the Red Cross session, at which Mrs. R. J. Bullard, state chairman, gave a report of the work in the state, and the requirements for becoming a Red Cross nurse. The work in and about Clarksburg was graphically described in a paper prepared by Mrs. Florence J. Pelton on The Red Cross Visiting Nurse in Clarksburg, read by Alice Magoon. In the evening Mayor and Mrs. Bowen opened their home to the nurses. The Public Health Session occupied the morning hours on Thursday. Dr. Weyrick of Wellsburg, discussed the general subject of public health, and Frances Walker Jordan, Welfare Director of the Consolidated Coal Company, The New Field of Industrial Nursing. Clara Ross, school nurse, Wheeling, had prepared a paper on the Development of School Nursing, which was read by Miss Barry in which she emphasized the importance of having school nurses. It was followed by an address on the Organization and Development of Public Health Nursing in a Small Town, by Elizabeth C. Lowry of Princeton. Harriet R. Barry gave a history of the Metropolitan Nursing Service, and Bertha E. Irons, The Nurses' Contribution to the Programme of the State Council of Defense. The afternoon session was devoted to unfinished business and the election of officers, with the following result: President, Mrs. Susan E. Cook, Wheeling; vice presidents, H. M. Phalen, Wheeling; Mrs. N. S. Woodyard, Marlinton; secretary-treasurer, Mrs. R. J. Bullard; Board of Directors, 1st District, Berkeley Co., Maude M. Branter; 2nd District, Charleston, Anna Bessler; 3rd District, Bluefield, Gladys Devinney; 4th District, Huntington, Bertha Rappold; 5th District, Clarksburg, Elsie Rodenwald; 6th District, Wheeling, Alice Young. The following were named as delegates: to the American Nurses' Association, Sister Mary Adelaide; to the National Red Cross meeting, Luella Ross; to the Women's Federation of Clubs, Mrs. H. C. Lounsbury, and Anna H. Bessler. The next convention will be held in Bluefield.

Wisconsin: Wauwatosa.—THE MILWAUKEE COUNTY HOSPITAL ALUMNAE ASSOCIATION held its first meeting of the year at the Nurses' Club, on September 18. The Association voted to publish a booklet containing the news items of the past year, and to give \$5 to both the Isabel Hampton Robb Memorial Fund and to the Nurses' Relief Fund. Seven new members were admitted at this meeting, which was chiefly social, and at which knitting and the making of surgical supplies for the Red Cross were prominent features. To practice war time economy, lunch was omitted.

BIRTHS

On July 14, a son, Canute Burden Granger, Jr., to Mr. and Mrs. C. B. Granger. Mrs. Granger was Lilian Lovely, class of 1910, Massachusetts General Hospital, Boston.

In October, at Quincy, Mass., a daughter to Mr. and Mrs. D. J. Macleod. Mrs. Macleod was Lulu J. Hadden, Boothby Hospital, Boston.

In September, a son, to Mr. and Mrs. Floyd S. Linn. Mrs. Linn was Sybil Furrows, Iowa Methodist Hospital.

MARRIAGES

On September 19, at Evanston, Ill., Agnes Patten McCleery, class of 1909, West Side Hospital, Chicago, Ill., to Arthur Eugene Weber. Mr. and Mrs. Weber will live in Clarion, Iowa.

On August 12, at Richmond Hill, N. Y., Elsie M. Jersey to George P. Sanders. On August 5, at Peoria, Ill., Reba B. Westerdale, class of 1914, Chicago Union Hospital, Chicago, to Walter H. Brown. Mr. and Mrs. Brown will live in Champaign, Ill.

On July 21, at Newark, N. J., Jessie Clarissa Close, class of 1906, Newark City Hospital, to Mortimer Williams Raynor, M.D. Dr. Raynor is now in the Medical Reserve Corps of the United States Army.

Recently, at Hot Springs, Ark., Elsie C. Dalton, class of 1907, Philadelphia General Hospital, Philadelphia, to Captain James A. McGrath, 35th U. S. Infantry.

On April 5, Jessie Fields, class of 1914, Swedish Mission Hospital, Omaha, Neb., to James P. Harris. Mr. and Mrs. Harris will live in Lewis, Iowa.

On July 5, Louise Drexel, class of 1913, Swedish Mission Hospital, Omaha, Neb., to John Grenewald. Mr. and Mrs. Grenewald will live in Watertown, S. D.

On July 14, Gudrun Skov, class of 1914, Swedish Mission Hospital, Omaha, Neb., to Mack C. Johnson. Mr. and Mrs. Johnson will live in Des Moines, Iowa.

On September 23, at Burlingame, Kan., Lenora H. Poole, class of 1915, Sparks Memorial Hospital, Fort Smith, Ark., to E. R. Lowrey. Mr. and Mrs. Lowrey will live in Nowata, Okla.

On June 2, at Lynn, Mass., Elizabeth E. Tucker, class of 1915, Massachusetts General Hospital, Boston, to Mr. Stowe. Mr. and Mrs. Stowe will live in Lynn.

On August 20, at Augusta, Me., Edith Hamblin, class of 1914, Massachusetts General Hospital, Boston, to Frank A. Smith, M.D., of St. George, New Brunswick.

On August 18, at Clifftondale, Mass., Edith Frances Norton, class of 1914, Massachusetts General Hospital, Boston, to John Alfred Mueller. Mr. and Mrs. Mueller will live in Clifftondale.

On September 5, at West Newton, Mass., Nettie M. Shortliffe, class of 1917, Massachusetts General Hospital, Boston, to George M. Abrahamson. Mr. and Mrs. Abrahamson will live in West Newton.

On September 8, at Washington, D. C., Ethel Beatrice Jacobs, class of 1906, Boston City Hospital, to Captain Albert Dodge of the U. S. A.

On September 8, at Boston, Mass., Margaret Watson Hawley, class of 1917, Boston City Hospital, to Harry Munn Godfrey, M.D. Dr. Godfrey is captain in the Royal Army Medical Corps.

On June 13, at Spencerport, N. Y., Bertha Peck, Rochester General Hospital, to Walter Steplee. Mr. and Mrs. Steplee will live in Spencerport.

On September 22, Regina Settari, class of 1914, St. Luke's Hospital, Fargo, N. D., to Minerd Lee. Mr. and Mrs. Lee will live in Aneta, N. D.

On June 15, at New York, N. Y., Edith Mary Wilson, class of 1914, Protestant Episcopal Hospital, Philadelphia, to DeForrest Street Layton, M.D. Dr. and Mrs. Layton will live in New York.

On September 25, at Rochester, N. Y., Mary Helena Leak, class of 1909, Clifton Springs Sanitarium, Clifton Springs, N. Y., to John Leonard Howerth.

On August 27, Reba J. Murtland, class of 1912, Protestant Episcopal Hospital, Philadelphia, to F. H. Field.

September 10, at Buena Vista, Va., Lois Embree, class of 1916, Protestant Episcopal Hospital, Philadelphia, to George Street, M.D. Dr. and Mrs. Street will live in Mississippi.

Recently, at Erie, Pa., Elizabeth Ruth Bryan, class of 1914, Protestant Episcopal Hospital, Philadelphia, to Ralph Dangler, M.D. Dr. and Mrs. Dangler will live in Jackson, Mich.

On May 10, at St. Augustine, Fla., Marietta C. Briggs, class of 1908, Rhode Island Hospital, Providence, to Alexander H. Faver. Mr. and Mrs. Faver will live in St. Augustine.

On June 18, Kathleen Poulton, class of 1909, Rhode Island Hospital, Providence, to Norman Jonas Stone. Mr. and Mrs. Stone will live in Chicago.

On August 29, at Providence, R. I., Hazel Hunaley, class of 1914, Rhode Island Hospital, Providence, to George Lawton Spencer. Mr. and Mrs. Spencer will live in Bristol, R. I.

On June 19, at Centredale, R. I., Edith I. Macrae, class of 1917, Rhode Island Hospital, Providence, to Lawrence B. Sisson, M.D. Dr. and Mrs. Sisson will live in Auburn, N. Y.

On September 27, at Providence, R. I., Alice E. Meehan, class of 1911, Rhode Island Hospital, Providence, to Corporal Henry W. McCarthy, One Hundred and Third Regiment, Field Artillery. Corporal McCarthy has rejoined his regiment at Boxford, Mass.

On October 1, at Ogdensburg, N. Y., Mae Madeline Bean, class of 1917, St. Lawrence State Hospital, to Larry T. Skates. Mr. and Mrs. Skates will continue in their positions at the Hospital for the winter.

In September, at Minneapolis, Minn., Alvira Stengel, Iowa Methodist Hospital, to C. D. Cutler. Mr. and Mrs. Cutler will live near Coin, Iowa.

In September, at Detroit, Mich., Cleo Brown, Iowa Methodist Hospital, to Edward Carmel. Mr. and Mrs. Carmel will live in Columbus, Ohio.

On September 23, at Thornburg, Iowa, Zetta Blanche O'Dell, Iowa Methodist Hospital, to Thomas W. Burriss. Mr. and Mrs. Burriss will live in What Cheer, Iowa.

DEATHS

On August 30, at St. Vincent Charity Hospital, Cleveland, O., Mrs. Elizabeth McQuillan John, class of 1907, Charity Hospital. Mrs. John was the wife of Dr. Henry John of Salem, O.

On January 3, at Newburyport, Mass., Mary Josephine Heart, class of 1899, Anna Jacques Hospital, Newburyport.

On August 30, at Pikesville, Baltimore County, Md., Mrs. Thayer, wife of Dr. William S. Thayer. Mrs. Thayer was Susan Chisholm Read, of Charleston, S. C. She graduated from Johns Hopkins Hospital in 1892, being a member of its first graduating class. Mrs. Thayer served in several hospital positions and was a Red Cross nurse in the Spanish American War.

In August, at her home in Phillips, S. D., of pneumonia, Mrs. Carson Williams. Mrs. Williams was Martha Lowe, class of 1906, Samaritan Hospital.

In February, at St. Luke's Hospital, Manila, P. I., Elizabeth Chambers, class of 1895, Massachusetts General Hospital. Miss Chambers served the full period in the U. S. Army Corps, from which she was honorably discharged. For a time she instructed the native Filipino girls.

On September 13, at Toronto, Can., after a short illness of acute nephritis, Janet Madden, class of 1909, Rochester General Hospital, Rochester, N. Y. Miss Madden had been engaged in private nursing in and about Rochester.

Recently, at the Rhode Island Hospital, Providence, Florence Thorpe, class of 1910, Rhode Island Hospital. Miss Thorpe was an enrolled Red Cross nurse and a member of Base Hospital Unit No. 4; her death was the result of an attack of acute leukemia. Since graduation she had been engaged in district work, social service and school work, besides doing private nursing very successfully. She was a very fine type of woman and her loss is keenly felt by those who were associated with her.

For the second time this year, death has come to those associated with the editorial office of the JOURNAL in Rochester. On October 17, Elizabeth A. Palmer, adopted daughter of the editor-in-chief of this magazine, died, after a long, brave struggle with tuberculosis. Those nurses who were visited by Miss Palmer during her trip to California will remember "Bessie," and all the JOURNAL readers who have come to know its editor as a friend, though they may never have met her, will unite with her immediate associates in sorrow for her loss.

KATHARINE DEWITT, Assistant Editor

BOOK REVIEWS

THE SCHOOL NURSE. A survey of the duties and responsibilities of the nurse in the maintenance of health and physical perfection and the prevention of disease among school children. By Lina Rogers Struthers, R.N., graduate of the Hospital for Sick Children, Toronto; post graduate of the Royal Victoria Hospital, Montreal; superintendent of school nurses, New York City, 1902-1908; superintendent of school nurses, Toronto, 1910-1913. G. P. Putnam's Sons, New York and London. Price, \$1.75.

Lina Rogers Struthers, the first municipal school nurse, is clearly the logical person to give to the public this survey of the work of the school nurse. The trained nurse in the public schools has been officially recognized in this country for about fifteen years and yet this is the first book written on the subject exclusively. "Many books have been written more or less from the point of view of the medical inspector and but little has been said of the important place of the trained nurse in the work." The struggle between education and health; the efforts of philanthropies to protect the communities from contagion; and the early unsystematized efforts to conserve the health of the child brought about medical inspection in schools. This, in turn, because of the need of a "follow up" system, evolved the school nurse. To show the growth of this work, Mrs. Struthers gives us a concise account of the beginnings of school nursing in the principal cities of England, America and Canada. The invaluable services of the nurse are clearly depicted, both in the routine treatments and inspections, and in the larger field of social service. As the author says, "All the social problems of humanity face the school nurse." Sound advice for organization in new communities, suggestive rules of conduct and regulations for inspections are included. Brief reference is given to the diseases commonly found among school children, as a guide for the detection of symptoms. A chapter on Dental Caries and Prophylaxis gives necessary information in a most readable manner. The many illustrations enhance the value of the volume and make it especially attractive. Everyone interested in the advancement of Public Health Nursing will find this book an intelligent and authoritative reference for this branch of the work.

MODERN DIETETICS. Feeding the sick in hospital and home, with some studies on feeding well people. By Lulu Graves, Dietitian, Lakeside Hospital, Cleveland. The Modern Hospital Publishing Company, St. Louis, Mo. Price, \$2.00.

This new book is practical in the strictest sense. Written expressly "to help the hospitals solve some of the intricate problems of feeding the sick," the subject matter was first given to the public in a series of eight papers published in *The Modern Hospital*. The original text has been altered in places and additions made at the suggestion of Prof. Lafayette B. Mendel of the Sheffield Scientific School, Yale University, making the book valuable to hospital administrators, dietitians and nurses. Professor Mendel says, "This monograph by Miss Lulu Graves is one of the timely attempts to point out the possibilities of progress and to encourage a more tolerant attitude toward dietotherapy and a rational scheme of nutrition applied in the hospital." Considerable space is devoted to the food value of products, their uses and preparations—of great importance to nurses and dietitians. The subject is scientifically treated and yet is written in "the language of the intelligent nonprofessional reader." The chapter on Special Diets in Disease is modern and up-to-date, advocating individual treatment as giving more satisfactory results. The recipes are out of the ordinary and are carefully prepared, most of them having the caloric values given and many of them in large proportions for institutional serving.

THE TREATMENT OF EMERGENCIES. By Hubley R. Owens, M.D., Surgeon to the Philadelphia General Hospital. W. B. Saunders Company, Philadelphia. Price, \$2.00.

So many books have been given to the public on first-aid work that it is difficult to find anything new. This book by Dr. Owens gives practical instruction that is perhaps more suitable for physical directors and industrial surgeons than for nurses. However, many helpful procedures are recommended. The text is well illustrated.

FIRST AID AND EMERGENCY TREATMENT. A textbook by A. C. Burnham, M.D., Medical Corps, U. S. R., Instructor in surgery in the Polyclinic Hospital, New York City. Lea and Febiger, Philadelphia and New York. Price, \$2.00.

The author has written this book on *First Aid and Emergency Treatment* for two reasons: "The first and less important is the education of the student in first aid; and the second, of considerably greater importance, is the alleviation of suffering and the saving of life." It is

intended to so train the volunteer assistant that when the emergency occurs he may be able to apply the principles of first aid to the case in hand.

THE BABY'S FOOD. By Isaac Abt, M.D., Professor of Diseases of Children in the Northwestern University Medical School, Chicago. W. B. Saunders Company, Philadelphia. Price, \$1.25.

Because Dr. Abt recognized the need of accurate recipes for preparing food for young children, he has made this collection from various well recognized sources. There is no attempt made to dictate diets or advocate a new theory. The small size and concise style should secure for it a ready acceptance.

Books received for review. From the W. B. Saunders Company, Philadelphia: **THE TREATMENT OF WAR WOUNDS**, W. W. Keen, M.D., price, \$1.75; **MATERIA MEDICA FOR NURSES**, third edition, revised, George P. Paul, M.D., price, \$1.50; **FOOD FOR THE SICK**, Solomon Strouse, M.D., price, \$1.50; **A MANUAL OF ANATOMY**, Henry E. Radasch, M.D., price, \$3.50. From the C. V. Mosby Company, St. Louis: **A TEXTBOOK OF ANATOMY FOR NURSES**, William Gay Christian, M.D.; **OBSTETRICS FOR NURSES**, Charles B. Reed, M.D. From the George H. Doran Company, New York: **THE CHILD IN HEALTH AND DISEASE**, Carl G. Leo-Wolf, M.D., price, \$2.00. From D. Appleton and Company, New York: **PREVENTIVE MEDICINE AND HYGIENE**, third edition, containing a special section on Military Hygiene, Milton J. Rosenau. From E. P. Dutton and Company, New York: **THE BOOK OF HOME NURSING**, Frances Campbell, price, \$1.25.

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